LKK:
IDAC:

INS. CASE OWNER:

CC4/AIS23005755/pa3

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 07.06.2023

Registered in Merimen: 07.06.2023

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBF 3783Z**

Name of Insured : **WANG-FU INDUSTRY PTE LTD**

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 05.06.2023 10:26

Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : _____

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

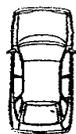Insured Liability : ___ % **Final ? Yes / No**

EM 8391R →→ _____ → _____ →→ _____ → _____
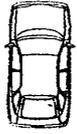
INSRS:
WSP: **GUAN HIN MOTOR WORKSHOP**
Tel :
Liability :
RMKS:
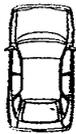
INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
EM 8391R - X		Non-Reporting ltr (1st):	
GBF 3783Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC4/AIG20004631/R1ps3q2 12/08/2020 SG 5037A GBF 3783Z 24/03/2020 13/08/2020 LSL1		Reporting ltr (Final):	
CC6/AIG17006703/Uea3s2 01/12/2017 GZ 1783Y GBF 3783Z 04/04/2017 04/12/2017 HMK		Notification ltr (if non-pickup):	
CC6/AIG20004583/Aga3q2 17/09/2020 SJQ 79R GBF 3783Z 24/03/2020 18/09/2020 WMK			
NBA/LPC20004461/Y 24/03/2020 MANICKAM GANAPATHY GBE 460E GBF 3783Z 24/03/2020 07/04/2020 RBA		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice:	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

Post-Repair Photos: ☐ ☐
Others: ☐ ☐

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: S$ ___ (___ days) Reduction: ___ % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: _____ Confirm with _____ Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]

GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$** Global Sum S$:		

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	