

## ASSIGNMENT

Surveyor:

DOI:

Date / Time: 12/02/2020

Registered in Merimen: 12/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SME 4006C

Name of Insured : MR TAN BENG KEAT

Insured Tel No. : HP: +65-96377894

Excess Sec II : S\$ D.O.A : 08/02/2020 16:25

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

If NO, Driver Name / Age :

Driver Tel No. :

(VL: YES / NO)

Claim No. : 8406836444SG

Policy No. : 1800115569

Make / Model : MAZDA 3-1.5 DELUXE SKYACTIV (A)

Place of Accident : SIXTH AVE (JUNCTION OF NAMLY GARDENS IN THE YELLOW

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

Insured Liability : % Final ? Yes / No

SGS 982H

INSRS: Modern  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	SGS 982H - X	SME 4006C - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
13/2 10:38am		spoke to OI. OE from minor road hit TP. Internal TP claim & advise NCD affected. letter sent	Call OI:	7/13/2 JL
			After call ltr to OI:	
			Documentation Check List: Handler Typist	
22/02/2020		PINKETED	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
		EMAIL AIG FOR INSTRUCTION	After call ltr to OI:	<input checked="" type="checkbox"/>
25/02/2020		SPoke to TP, AIG & OI WORKSHOP	Authorisation To Act:	<input checked="" type="checkbox"/>
		SEND EMAIL TO OI.	Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input checked="" type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
14/04/2021		SETTLED AND CLOSED / FILE IN DRAWER	Medical Bill:	<input checked="" type="checkbox"/>
			PIR:	<input checked="" type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input checked="" type="checkbox"/>
			Post-Repair Photos:	<input checked="" type="checkbox"/>
			Others:	<input checked="" type="checkbox"/>
PRELIMINARY ADVICE Date/Time:			Sent By:	
FINALIZATION Date/Time:			Confirm with:	
Repair Cost: L/S	S\$ 2,200.00	( 3 days) Reduction: 48.70 %	Email <input checked="" type="checkbox"/> Call <input checked="" type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 13/04/2021			Confirm with: GRACE CHIN	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 9	Email <input checked="" type="checkbox"/> Call <input checked="" type="checkbox"/>	
Repair Cost: (W/GST)	S\$ 2,354.00		If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	S\$ 360.00	( 3 days) x \$120.00	COI FROM MINOR ROAD	
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input checked="" type="checkbox"/> LOU only <input checked="" type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	S\$ 2.00		1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$		2) Report Format: TP	
Disbursement:	S\$	(e.g. Tow/ Independent )	3) Survey fee: \$320.00	
Legal Cost	S\$			
Total:	S\$ 2,716.00	Global Sum S\$: 2,650.00		
FINAL PAYMENT Date/Time:			Confirm with:	
Payee 1:	S\$ 2,650.00	Name 1: MODERN AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		