

ASSIGNMENTSurveyor: LIM T GDOI: 02/04/2020Date / Time : 02/04/2020Registered in Merimen: 02/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLV 3908DClaim No. : 1202000015668Name of Insured : LIM KONG BENG BENJAMINPolicy No. : PNCV2018-00000558-01Insured Tel No. : _____ HP: 93889717Make / Model : KIA NIRO HYBRID-1.6 (A)Excess Sec II :S\$ _____ D.O.A : 30/03/2020Place of Accident : TAMPINES AVENUE 7Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

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

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

Insured Liability : _____ % **Final ? Yes / No**SMG 6023DINSRS:
WSP: MY CAR
Tel : CONSULTANT
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMG 6023D - X	SLV 3908D - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			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:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: <u>LTG</u>	
Repair Cost: <u>L/S</u>	S\$ <u>1,300.00</u> (<u>4</u> days) Reduction: <u>66</u> %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>15.04.21</u> Confirm with <u>HUIQIN</u>	Email ☐ Call ☐		
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :		
Repair Cost: <u>w/GST</u>	S\$ <u>1,391.00</u> <u>OI REAR ENDED TP</u>			
Loss of Rental (LOR):	S\$ <u>-</u> (_____ days)			
Loss of Use (LOU):	S\$ <u>320.00</u> (\$ <u>80</u> x <u>4</u> days)			
Loss of Income (LOI):	S\$ <u>-</u> (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject Private Sec'd		
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$500</u>		
Total:	S\$ <u>1,718.45</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>15.04.21</u> Confirm with: <u>HUIQIN</u>	Email ☐ Call ☐		
Payee 1:	S\$ <u>1,718.45</u>	Name 1: <u>MY CAR CONSULTANT PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		