

ASSIGNMENT CC6/CTI20005243/Qpa3s2Surveyor: SUN PINDOI: 21/04/2020Date / Time : 16/04/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SMH 887L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 15/04/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

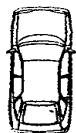
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SJD 5760SINSRS:
WSP: **AUTOMOTIVE REPAIR**
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SJD 5760S - CC6/AIG13023011/Uea3q2 05/12/2013	Non-Reporting ltr (1st):	
	SMH 887L - X	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
26/02/2021	Pls refer to VIEWS for details.	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: <u>L/sum</u> S\$ <u>3,250.00</u> (<u>6</u> days) Reduction: <u>51</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time: <u>26/02/2021</u> Confirm with <u>Shu Juan</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>3,477.50</u>			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ <u>420.00</u> (\$ <u>60</u> x <u>7</u> days)			
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ <u>2.00</u>			
Medical: S\$ _____		1) Claim status: Normal/Reject Private Sec'd	
Disbursement: S\$ _____ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost S\$ _____		3) Survey fee: <u>\$400.00</u>	
Total: S\$ <u>3,899.50</u>	Global Sum S\$: <u>3,850.00</u>		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1: S\$ <u>3,850.00</u>	Name 1: <u>Automotive Repair Centre Pte Ltd</u>		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		