

ASSIGNMENT

Surveyor: BRYAN DOI: 15/05/2020 Date / Time : 14/05/2020
Registered in Merimen: 17/05/2020

Pre-assign / CCU / FTE

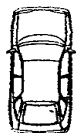
Insured Vehicle No. : SHA 4525B Claim No. : MCT20030501
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 30/03/2020 Place of Accident : _____
Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No****FBE 1840K**

INSRS: **SG 98**
WSP: **MOTOR**
Tel : **PTE LTD**
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	FBE 1840K - NBA/MSG18013057/Y ; 18/07/2018	STAGE	DATE / PIC
	SHA 4525B NA/INC20004679/h4 ; 30/03/2020	Non-Reporting ltr (1st):	
	- CS/UOI11023258/H1fk3 ; 11/11/11	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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by: ABT
Repair Cost: L/S	S\$ 1,350.00 (2 days) Reduction: 36 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04.03.21 Confirm with LEENA	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 1,350.00	OID HIT TP PARKED VEHICLE	
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 60.00 (\$ 30 x 2 days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$ -	1) Claim status: Normal/ Reject/Private Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$350	
Total:	S\$ 1,417.45	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 04.03.21 Confirm with: LEENA	Email ☐ Call ☐	
Payee 1:	S\$ 1,417.45	Name 1: SG 98 MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	