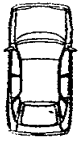


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **02/06/2020**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **FBG 3659U**
 Name of Insured : **DEVAN MADHAN**
 Insured Tel No. : _____ HP: **96876142**
Excess Sec II :S\$ _____ D.O.A : **31/05/2020**

Claim No. : **S0M02ONV**
 Policy No. : **P2351813**
 Make / Model : **YAMAHA JUPITER MX (HC)**
 Place of Accident : **LENGKONG TIGA**

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

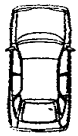
If **NO**, Driver Name / Age : _____

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

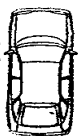
OI GIA REPORT: ☒ **YES** / NO ; TP GIA REPORT: ☒ **YES** / NO

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

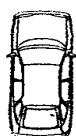
SDW 6990J →



INSRS:
WSP: **My Car Credit**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SDW 6990J - X	FBG 3659U - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
05/08/2020	Pls refer to Views for details.		Call OI:	
			After call ltr to OI:	
			Documentation Check List:	Handler
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/sum	S\$ 2,600.00	(3 days) Reduction: 77 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 05/08/2020	Confirm with Hui Qin	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,600.00		
Loss of Rental (LOR):	S\$ (_____ days)		
Loss of Use (LOU):	S\$ 300.00 (\$ 100 x 3 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	S\$ 7.45		
Medical:	S\$		
Disbursement:	S\$ (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settlement
Legal Cost	S\$		2) Report Format: TP
			3) Survey fee: \$350.00
Total:	S\$ 2,907.45	Global Sum S\$: 2,900.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 2,900.00	Name 1: My Car Credit Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	