

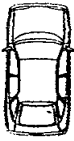
ASSIGNMENT

Surveyor:

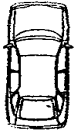
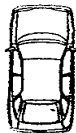
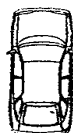
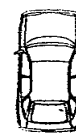
DOI:

Date / Time : 12/06/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SJM 36K**Claim No. : **DM20HO00891-JG**Name of Insured : **LIEW MIN HIN**Policy No. : **DMPPHQ19-007137**Insured Tel No. : _____ HP: **+65-90995243**Make / Model : **MERCEDES-BENZ E200 AVG (R18 LED)****Excess Sec II :S\$** _____ D.O.A : **09/06/2020 07:10**Place of Accident : **BUKIT TIMAH ROAD TOWARDS SUNGEI ROAD**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****SMA 2261R**INSRS:
WSP: **C & C**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMA 2261R- X	Non-Reporting ltr (1st):	
	SJM 36K - CC4/EQI20000943/Kpa3 ; 13.01.2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	RECEIVED CCTV FROM TP.	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: _____		
Repair Cost: P/P	S\$ 9,843.00 (8 days) Reduction: 6.55 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 21/04/2021 Confirm with Larry	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 13	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 10,532.01		
Loss of Rental (LOR) (W/GST)	S\$ 1,070.00 (10 days) X \$100.00		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 2.00		
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: \$400.00	
Total:	S\$ 11,604.01 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	S\$ 11,604.01 Name 1: CYCLE & CARRIAGE AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		