

**ASSIGNMENT Eba3q2**

Surveyor: STEVE DOI: 25/06/2020 Date / Time : 25/06/2020  
 Registered in Merimen: 25/06/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHD 4133H Claim No. : MCT20060295  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II : S\$** \_\_\_\_\_ D.O.A : 24/06/2020 Place of Accident : CTE TWDS SLE BEFORE JLN BAHAGIA  
 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**

SJS 258E →



INSRS: \_\_\_\_\_  
 WSP: **MY CAR**  
 Tel : **CONSULTANT**  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
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INSRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	SJS 258E - CC7/AIG13009099/Ca3q2	17/05/2013
	CC7/AIG13009099/M1pq2-1	17/05/2013
	NA/FWD20006667/z4	24/06/2020
	SHD 4133H - NA/FWD20006667/z4	24/06/2020
	NS/INC13023025/Ygbd1	05/12/2013
	<b>Documentation Check List:</b>	<b>Handler Typist</b>
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>28/08/2020</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>	
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time: _____ Sent By: _____	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b>	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: <b>L/S</b>	S\$ <b>5,100.00</b> ( <b>5</b> days) Reduction: <b>58.04</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>19/08/2020</b> Confirm with <b>HUI QIN</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <b>5,100.00</b>	
Loss of Rental (LOR):	S\$ <b>720.00</b> ( <b>6</b> days) x \$120.00	<b>OID rear-ended TP</b>
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$ <b>7.49</b>	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>
Legal Cost	S\$	3) Survey fee: <b>\$500.00</b>
<b>Total:</b>	<b>S\$ 5,827.49</b> Global Sum S\$: <b>5,800.00</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ <b>5,800.00</b> Name 1: <b>MY CAR CONSULTANT PTE LTD</b>	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	