

ASSIGNMENTSurveyor: **ADRIAN**DOI: **07/09/2020**Date / Time : **31/08/2020**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **XE 4320P**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **29/08/2020 08:50**Place of Accident : **PIE (STEVENS ROAD EXIT)**

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****XE 4320P****SKF 2599P****SHA 7981Y**INSRS:
WSP:
Tel :
Liability :
RMKS: **OI**INSRS:
WSP: **Modern**
Tel :
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SKF 2599P - X	STAGE	DATE / PIC
	XE 4320P - CS/CTI19005867/d3XX ; 29/03/2019	Non-Reporting ltr (1st):	
	CS/INC19018166/T1tf3n2 ; 26/09/2019	Non-Reporting ltr (2nd):	
	NA/CTI19004745/r3 ; 15/03/2019	Non-Reporting ltr (Final):	
	NA/CTI19005381/r3 ; 26/03/2019	Notification ltr (if non-pickup):	
	NA/CTI19005641/r3 ; 29/03/2019	Call OI:	
	NA/INC19004869/k4 ; 15/03/2019	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: _____
Repair Cost: L/S	S\$ 11,150.00 (8 days) Reduction: 12,059.85 % 52	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 18/02/2021 Confirm with GRACE	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost:	S\$ 11,930.50 W/GST		
Loss of Rental (LOR):	S\$ (days)	C.C (OI LAST)	
Loss of Use (LOU):	S\$ 720.00 (\$ 80 x 9 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: \$400.00	
Total:	S\$ 12,657.95	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 12,657.95	Name 1: MODERN AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	