| | | LKK: |
|---|---|---|
| INS. CASE OWNER: **MS SUNDARI** | **CC4/III20010035/Epa3** | IDAC: |

## ASSIGNMENT

Surveyor: **STEVE**   DOI: 18/9/2020   Date / Time : 18/9/2020

Registered in Merimen: 18/9/2020

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SHD 3803P**   Claim No. : **MCT200090246**

Name of Insured :   Policy No. :

Insured Tel No. :   HP:   Make / Model :

**Excess Sec II :S$**   D.O.A : 17/09/2020 10:20   Place of Accident : **OUTRAM ROAD OUTSIDE SGH**

Is driver the owner?   ( YES / NO )   Nature of Accident :
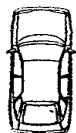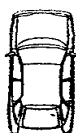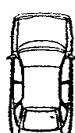
If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO )   Insured Liability :   %   **Final ? Yes / No**

**SLD 6835E** ⟶

| INSRS: | INSRS: | INSRS: | INSRS: |
|---|---|---|---|
| WSP: **MOVA** | WSP : | WSP : | WSP : |
| Tel : **AUTOMOTIVE** | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | | |
|---|---|---|

SLD 6835E - X

CC3/AIG10018492/Fn1f2k2 - 11/09/2010
SHD 3803P - CC4/III18012948/Deb3q2 - 11/09/2010
CS/TMI15017191/H1gbd1 - 09/10/2015

| STAGE | DATE / PIC |
|---|---|
| Non-Reporting ltr (1st): | |
| 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: | | |
| Post-Repair Photos: | | |
| Others: | | |

**PRELIMINARY ADVICE** Date/Time:   Sent By:

**FINALIZATION** Date/Time:   Confirm with:   Confirm by:

Repair Cost: S$   ( days) Reduction:   %   Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time:   Confirm with   Email ☐ Call ☐

| Final Liability: | % (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia : |
|---|---|---|
| Repair Cost: | S$ | |
| Loss of Rental (LOR): | S$ ( days) | |
| 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$ | |
| Medical: | S$ | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ (e.g. Tow/ Independent ) | 2) Report Format: |
| Legal Cost | S$ | 3) Survey fee: |
| **Total:** | **S$** Global Sum S$: | |

**FINAL PAYMENT** Date/Time:   Confirm with:   Email ☐ Call ☐

| Payee 1: | S$ | Name 1: |
|---|---|---|
| Payee 2: (Strike if N.A.) | S$ | Name 2: |
| Payee 3: (Strike if N.A.) | S$ | Name 3: |