

ASSIGNMENT

CC4/AIG20010135/Kps3

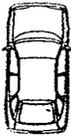
Surveyor: Kenneth

DOI: 28/09/2020

Date / Time : 22/09/2020

Registered in Merimen: 22/09/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJE 1496B

Claim No. : _____

Name of Insured : TAN MENG KIM

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 17/09/2020

Place of Accident : _____

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

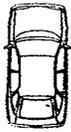
If NO, Driver Name / Age :

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

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

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

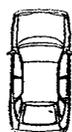
SMD 5390R



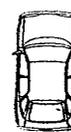
INSRS:
WSP: MBM
Tel: WHEELPOWER
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMD 5390R : NA/INC20001958/z4 ; DOA : 04/02/2020	Non-Reporting ltr (1st):	
	SJE 1496B : CC6/AIG19014752/Aeb3q2 ; DOA : 18/08/2019	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
23/03/2021	Pls refer to VIEWS for details.	Documentation Check List:	Handler Typist
		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 type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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

Repair Cost: **L/sum** S\$ **9,700.00** (**4** days) Reduction: **53** % Email Call

FINAL SETTLEMENT Date/Time: **23/03/2021** Confirm with **Ivy** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia :

Repair Cost: **w/GST** S\$ **10,379.00**

Loss of Rental (LOR) **w/GST** S\$ **599.20** (**4** days) x \$140.00

Loss of Use (LOU): S\$ (\$ x days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only LOU only LOR + LOU LOR + LO **[Tick only one]**

GIA/LTA Search S\$ **2.00**

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

Total: S\$ **10,980.20** **Global Sum S\$:** **10,900.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: S\$ **10,900.00** Name 1: **MBM Wheelpower Pte Ltd**

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

- 1) Claim status: Normal/~~reject~~/~~private settle~~
- 2) Report Format: **TP**
- 3) Survey fee: **\$320.00**