

Surveyor:

**ADRIAN**

DOI:

**ASSIGNMENT**  
**01.10.2021**

Date / Time :

**01/10/2020**

Registered in Merimen:

**01/10/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SHA 1353A**Claim No. : **MCT20090489**

Name of Insured : \_\_\_\_\_

Policy No. : **MCOM0015**

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **30/09/2020 14:30**Place of Accident : **ALONG AYE (CTE)**

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

If NO, Driver Name / Age :

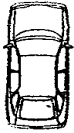
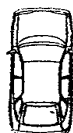
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

**Final ? Yes / No****SMD 5727D**→ **SGK 2176Y** →**SHA 1353A**→ **SLR 5071A**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **OI**INSRS:  
WSP: **N-51 Automotive**  
Tel : **Pte Ltd**  
Liability :  
RMKS: **TP**

| Date/ Time                                                                                                                                                           |                                                        | STAGE                                                        | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <b>SLR 5071A - X</b>                                   | Non-Reporting ltr (1st):                                     |                                                   |
|                                                                                                                                                                      | <b>SHA 1353A - CS/TMI16019940/M1gh3n2 - 14/10/2016</b> | Non-Reporting ltr (2nd):                                     |                                                   |
|                                                                                                                                                                      |                                                        | Non-Reporting ltr (Final):                                   |                                                   |
|                                                                                                                                                                      |                                                        | Notification ltr (if non-pickup):                            |                                                   |
|                                                                                                                                                                      |                                                        | Call OI:                                                     |                                                   |
|                                                                                                                                                                      |                                                        | After call ltr to OI:                                        |                                                   |
|                                                                                                                                                                      |                                                        | <b>Documentation Check List:</b>                             | <b>Handler</b> <b>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 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"/> <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: <b>LWP</b>                                       |                                                   |
| Repair Cost: <b>L/S</b> S\$ <b>6,400.00</b> ( <b>8</b> days) Reduction: <b>46 %</b>                                                                                  |                                                        | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>03.06.21</b> Confirm with <b>HUIXIN</b>                                                                                        |                                                        | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>                                                                                           |                                                        | If NO or B 28, Ass. Lia : <b>0%</b>                          |                                                   |
| Repair Cost: <b>w/GST</b> S\$ <b>6,848.00</b>                                                                                                                        |                                                        | <b>7VEH CC OID 2ND</b>                                       |                                                   |
| Loss of Rental (LOR): S\$ <b>769.50</b> ( <b>10</b> days) X \$76.95                                                                                                  |                                                        |                                                              |                                                   |
| 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>7.45</b>                                                                                                                                       |                                                        |                                                              |                                                   |
| Medical: S\$ -                                                                                                                                                       |                                                        | 1) Claim status: Normal/Reject/Private Settlement            |                                                   |
| Disbursement: S\$ - (e.g. Tow/ Independent )                                                                                                                         |                                                        | 2) Report Format: <b>TP</b>                                  |                                                   |
| Legal Cost S\$ -                                                                                                                                                     |                                                        | 3) Survey fee: <b>\$500</b>                                  |                                                   |
| <b>Total:</b> S\$ <b>7,624.95</b>                                                                                                                                    | <b>Global Sum S\$:</b>                                 |                                                              |                                                   |
| <b>FINAL PAYMENT</b> Date/Time: <b>03.06.21</b> Confirm with: <b>HUIXIN</b>                                                                                          |                                                        | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1: S\$ <b>7,624.95</b>                                                                                                                                         | Name 1: <b>N-51 AUTOMOTIVE PTE LTD</b>                 |                                                              |                                                   |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        | Name 2:                                                |                                                              |                                                   |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        | Name 3:                                                |                                                              |                                                   |