

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 23/10/2020Registered in Merimen: 23/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBD 713GClaim No. : 8174722507SG

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____

D.O.A : 19/10/2020 19:30Place of Accident : UPPER THOMSON ROAD

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

SMM 2488RINSRS:
WSP: My Car
Tel : Consultant
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMM 2488R - X	GBD 713G - X	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:	☐	☐
<u>08/04/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>				

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <u>L/S</u>	S\$ <u>1,850.00</u> (<u>3</u> days) Reduction: <u>72.76</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07/04/2021</u> Confirm with <u>HUI QIN</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>1,979.50</u>		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ <u>600.00</u> (\$ <u>120</u> x <u>5</u> days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>36.49</u>		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		
Legal Cost	S\$ _____		
Total:	S\$ <u>2,615.99</u>	Global Sum S\$: <u>2,450.00</u>	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☐ Call ☐
Payee 1:	S\$ <u>2,450.00</u>	Name 1: <u>MY CAR CONSULTANT PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	