

ASSIGNMENTSurveyor: MarcusDOI: 29/10/2020Date / Time : 29/10/2020Registered in Merimen: 29/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SKR 1577X

Claim No. : _____

Name of Insured : JUSTINA YEO LEE HUANG

Policy No. : _____

Insured Tel No. : _____ HP: _____

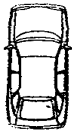
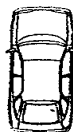
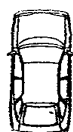
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27/10/2020

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 / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SMA 980L**INSRS:
WSP: TAN LIM
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMA 980L : X ; SKR 1577X : 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
			Notification ltr (if non-pickup)	☒
			After call ltr to OI:	☒
			Authorisation To Act:	☒
			Release Voucher:	☒
			Final Repair Bill:	☒
			Car Rental Invoice:	☐
			Towing Invoice	☐
<u>15/06/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>		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: <u>L/S</u>	S\$ <u>3,200.00</u>	(<u>4</u> days) Reduction: <u>64.28</u> %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>11/06/2021</u> Confirm with: <u>SHARON</u>			Email ☒	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ <u>3,424.00</u>			
Loss of Rental (LOR):	S\$ _____	(_____ days)	<u>OID hit TP from side</u>	
Loss of Use (LOU):	S\$ <u>100.00</u>	(\$ <u>25</u> x <u>4</u> days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>2.00</u>			
Medical:	S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$320.00</u>	
Total:	S\$ <u>3,526.00</u>	Global Sum S\$: <u>3,500.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____			Email ☐ Call ☐	
Payee 1:	S\$ <u>3,500.00</u>	Name 1: <u>Tan Lim Motor Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		