

ASSIGNMENT

Surveyor:

OSP

DOI:

04/11/2020

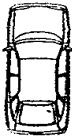
Date / Time :

04/11/2020

Registered in Merimen:

04/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SMH 1188P

Claim No. : _____

Name of Insured : CHEONG MEI LIN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 01/11/2020

Place of Accident : _____

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

If NO, Driver Name / Age :

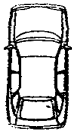
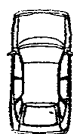
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SML 8006P

INSRS:
WSP: MY CAR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SML 8006P : NA/TMI20004988/z4 ; DOA : 04/04/2020	STAGE DATE / PIC
	SMH 1188P : X	Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
		After call ltr to OI:
08/02/2021	Pls refer to VIEWS for details.	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: ☐ ☐
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: L/sum	S\$ 7,250.00 (8 days) Reduction: 68 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time 08/02/2021 Confirm with Hui Qin	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S\$ 7,757.50	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 480.00 (\$60 x 8 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ 7.45	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 8,244.95 Global Sum S\$: 8,240.00	
FINAL PAYMENT	Date/Time: Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ 8,240.00 Name 1: My Car Consultant Pte Ltd	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	