

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 16/11/2020Registered in Merimen: 16/11/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJU 447R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/11/2020 14:25Place of Accident : JOO CHIAT COMPLEX CARPARK DECK 3A

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**SKE 8118KINSRS:
WSP: MODERN
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKE 8118K - X	Non-Reporting ltr (1st):	
	SJU 447R - CS/AIG20009518/R1yf3e2 ; 06/09/2020	Non-Reporting ltr (2nd):	
	NBA/INC13016549/y1 ; 05/09/2013	Non-Reporting ltr (Final):	
	NBA/INC14003320/s4 ; 20/02/2014	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 :	☒ ☐
15/03/2021	SETTLED AND CLOSED / NO PHY FILE	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>3,700.00</u> (<u>4</u> days) Reduction: <u>63.44</u> %	Email ☒ Call ☐
FINAL SETTLEMENT Date/Time: <u>12/03/2021</u> Confirm with: <u>GRACE CHIN</u>	Email ☒ Call ☐
Final Liability: <u>100</u> % <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>24(b)</u>	If NO or B 28, Ass. Lia :
Repair Cost(W/GST) <u>3,959.08</u> S\$ <u>1,979.50</u>	
Loss of Rental (LOR): S\$ _____ (_____ days)	
Loss of Use (LOU): <u>400.00</u> S\$ <u>200.00</u> (\$ <u>100</u> x <u>4</u> days)	
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search <u>2.00</u> S\$ <u>2.00</u>	
Medical: S\$ _____	1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement: S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost S\$ _____	3) Survey fee: <u>\$320.00</u>
Total: <u>4,361.00</u> S\$ <u>2,181.50</u> Global Sum S\$: <u>2,100.00</u>	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐	
Payee 1: S\$ <u>2,100.00</u> Name 1: <u>MODERN AUTOMOTIVE PTE LTD</u>	
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____	