

ASSIGNMENTSurveyor: MARCUSDOI: 29/12/2020Date / Time : 28/12/2020Registered in Merimen: 29/12/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SJU 8131Z

Claim No. : _____

Name of Insured : CHUA KHOON SENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22/12/2020 11:45Place of Accident : KALLANG PUDDLING 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

SJC 1198YINSRS:
WSP: ASIA
Tel : MOTORSPORTS
Liability : SOLUTION
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time																																			
	<u>SJC 1198Y - X</u>	<u>SJU 1831Z - X</u>	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: <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr> <td>Notification ltr (if non-pickup)</td> <td>☒</td> </tr> <tr> <td>After call ltr to OI:</td> <td>☒</td> </tr> <tr> <td>Authorisation To Act:</td> <td>☒</td> </tr> <tr> <td>Release Voucher:</td> <td>☒</td> </tr> <tr> <td>Final Repair Bill:</td> <td>☒</td> </tr> <tr> <td>Car Rental Invoice:</td> <td>☐</td> </tr> <tr> <td>Towing Invoice</td> <td>☐</td> </tr> <tr> <td>LTA / GIA :</td> <td>☒</td> </tr> <tr> <td>Medical Bill:</td> <td>☐</td> </tr> <tr> <td>PIR:</td> <td>☐</td> </tr> <tr> <td>Mandate/Reject Instruction:</td> <td>☒</td> </tr> <tr> <td>LOD</td> <td>☒</td> </tr> <tr> <td>Payment Breakdown Form:</td> <td>☐</td> </tr> <tr> <td>Post-Repair Photos:</td> <td>☐</td> </tr> <tr> <td>Others:</td> <td>☐</td> </tr> </tbody> </table>	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:	☐
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<u>17/05/2021</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>6,900.00</u> (<u>5</u> days) Reduction: <u>64.45</u> %		Email ☐ Call ☐																																
FINAL SETTLEMENT	Date/Time: <u>12/05/2021</u> Confirm with <u>—</u>	Email ☒ Call ☐																																	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>35(c)(i)</u>	If NO or B 28, Ass. Lia :																																	
Repair Cost:	S\$ <u>6,900.00</u>																																		
Loss of Rental (LOR):	S\$ (days)																																		
Loss of Use (LOU):	S\$ <u>960.00</u> (\$ <u>120</u> x <u>8</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>7.45</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:	S\$ <u>7,867.45</u>	Global Sum S\$: <u>7,700.00</u>																																	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐																																
Payee 1:	S\$ <u>7,700.00</u>	Name 1: <u>Asia Motorsports Solution Pte Ltd</u>																																	
Payee 2: (Strike if N.A.)	S\$	Name 2:																																	
Payee 3: (Strike if N.A.)	S\$	Name 3:																																	