

ASSIGNMENTSurveyor: LWPDOI: 19/01/2021Date / Time : 19/01/2021Registered in Merimen: 19/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 819P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 19/01/2021 07:30Place of Accident : KPE (ECP) INSIDE TUNNEL TOWARDS MCE

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**GBH 819PGZ 5532DSMX 8666X

INSRS:

WSP:

Tel :

Liability :

RMKS: OI

INSRS:

WSP: MODERN

Tel :

Liability :

RMKS: TP

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>GZ 5532D - X</u>	<u>GBH 819P - X</u>	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost:REPAIR LIMIT	S\$ \$16,600.00	(18 days) Reduction:\$14,697.66 % 47	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time:	Confirm with <u>GRACE</u>		Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 17,762.00	W/GST		
Loss of Rental (LOR):	S\$ 1,540.00	(22 days) x \$70.00	C.C (OI LAST)	
Loss of Use (LOU):	S\$ (\$ x days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: \$600.00	
Total:	S\$ 19,309.45	Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:		Email ☒	Call ☐
Payee 1:	S\$ 19,309.45	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:		