

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **25/01/2021**Date / Time : **25/01/2021**Registered in Merimen: **—****Pre-assign / CCU / FTE**Insured Vehicle No. : **GT 2211G**

Claim No. : \_\_\_\_\_

Name of Insured : **MCT RENTALS PTE LTD**

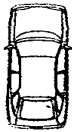
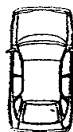
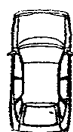
Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **22/01/2021**

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****SGU 2594X**INSRS:  
WSP: **FASTECH**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                        | SGU 2594X : X ; GT 2211G : 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:                         |                               |
|                                   |                                              |                                              | <b>Documentation Check List:</b>              | <b>Handler</b>                |
|                                   |                                              |                                              | Notification ltr (if non-pickup)              | <input type="checkbox"/>      |
|                                   |                                              |                                              | After call ltr to OI:                         | <input type="checkbox"/>      |
|                                   |                                              |                                              | Authorisation To Act:                         | <input type="checkbox"/>      |
|                                   |                                              |                                              | Release Voucher:                              | <input type="checkbox"/>      |
|                                   |                                              |                                              | Final Repair Bill:                            | <input type="checkbox"/>      |
|                                   |                                              |                                              | Car Rental Invoice:                           | <input type="checkbox"/>      |
|                                   |                                              |                                              | Towing Invoice                                | <input type="checkbox"/>      |
|                                   |                                              |                                              | LTA / GIA :                                   | <input type="checkbox"/>      |
|                                   |                                              |                                              | Medical Bill:                                 | <input type="checkbox"/>      |
|                                   |                                              |                                              | PIR:                                          | <input type="checkbox"/>      |
|                                   |                                              |                                              | Mandate/Reject Instruction:                   | <input type="checkbox"/>      |
|                                   |                                              |                                              | LOD                                           | <input type="checkbox"/>      |
|                                   |                                              |                                              | Payment Breakdown Form:                       | <input type="checkbox"/>      |
|                                   |                                              |                                              | Post-Repair Photos:                           | <input type="checkbox"/>      |
|                                   |                                              |                                              | Others:                                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>         | Date/Time:                                   | Sent By:                                     | Confirm by: <b>CKS</b>                        |                               |
| Repair Cost:                      | <b>L/S</b> S\$ <b>15,000.00</b>              | ( <b>10</b> days) Reduction:                 | <b>78</b> %                                   |                               |
| <b>FINAL SETTLEMENT</b>           | Date/Time: <b>25.05.21</b>                   | Confirm with: <b>ASHLEY</b>                  | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| Final Liability:                  | % <b>100</b>                                 | (Agreed / Assessed) BOLA S/N No. : <b>28</b> | If NO or B 28, Ass. Lia : <b>100%</b>         |                               |
| Repair Cost:                      | <b>w/GST</b> S\$ <b>16,050.00</b>            | <b>5VEH CC OID LAST</b>                      |                                               |                               |
| Loss of Rental (LOR):             | S\$ -                                        | ( _____ days)                                |                                               |                               |
| Loss of Use (LOU):                | S\$ <b>1,200.00</b>                          | ( \$ <b>100</b> x <b>12</b> days)            |                                               |                               |
| Loss of Income (LOI):             | S\$ -                                        | ( \$ _____ x _____ days)                     |                                               |                               |
| LOR only <input type="checkbox"/> | LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/>           | [Tick only one]                               |                               |
| GIA/LTA Search                    | S\$ <b>7.45</b>                              |                                              |                                               |                               |
| Medical:                          | S\$ -                                        |                                              |                                               |                               |
| Disbursement:                     | S\$ <b>60.00</b>                             | (e.g. Tow/ Independent )                     | 1) Claim status: Normal/Reject/Private Settle |                               |
| Legal Cost                        | S\$ -                                        | 2) Report Format: <b>TP</b>                  |                                               |                               |
|                                   |                                              | 3) Survey fee: <b>\$400</b>                  |                                               |                               |
| <b>Total:</b>                     | S\$ <b>17,317.45</b>                         | <b>Global Sum S\$:</b>                       |                                               |                               |
| <b>FINAL PAYMENT</b>              | Date/Time: <b>25.05.21</b>                   | Confirm with: <b>ASHLEY</b>                  | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| Payee 1:                          | S\$ <b>17,317.45</b>                         | Name 1:                                      | <b>FASTECH AUTO PTE LTD</b>                   |                               |
| Payee 2: (Strike if N.A.)         | S\$                                          | Name 2:                                      |                                               |                               |
| Payee 3: (Strike if N.A.)         | S\$                                          | Name 3:                                      |                                               |                               |