

ASSIGNMENTSurveyor: KSCDOI: 14/04/2021Date / Time : 28/01/2021Registered in Merimen: 28/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SML 5598SClaim No. : MFL2021D0001366

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

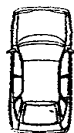
Excess Sec II : \$ _____ D.O.A : 24/01/2021 14:10Place of Accident : PAYA LEBAR RD

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**SMR 7378RINSRS:
WSP: Cheng Hoe
Tel : Motor
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SMR 7378R - NA/INC21001128/h4 ; 24.01.2021</u>	Non-Reporting ltr (1st):	
	<u>SML 5598S - CF/MSG19014363/Dqf3 ; 23/07/2019</u>	Non-Reporting ltr (2nd):	
	<u>CS/MSG19018242/T1sf3n2 ; 12/10/2019</u>	Non-Reporting ltr (Final):	
	<u>NA/INC21001128/h4 ; 24/01/2021</u>	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	CLAIMAINT - YUE KOK KAY	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
	TPV: T.VIOS - 1496cc	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: P/P	S\$ 540.00 (2 days) Reduction: 604.30 % 53	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>31/03/2022</u> Confirm with <u>JUNE</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 2	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 577.80 W/GST		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ 200.00 (\$ 100 x 2 days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 8.00		
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: \$350.00	
Total:	S\$ 785.80 Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ 785.80 Name 1: <u>Cheng Hoe Motor Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		