

ASSIGNMENTSurveyor: Oi Sun Pin - > steveDOI: 09/03/2021Date / Time : 08/03/2021Registered in Merimen: 08/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMN 2855J

Claim No. : _____

Name of Insured : CHAN PENG CHYE

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 03/03/2021 08:20Place of Accident : Junction of New Upper Changi Road and Bedok South Avenue 3

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**SJZ 2111UINSRS: **My Car Consultant Pte Ltd.**
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SJZ 2111U - SMN 2855J</u>	<u>NA/EQI21002909/h4 ; 03.03.2021</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: <u>L/Sum</u>	\$S <u>5,500.00</u> (<u>4</u> days) Reduction: <u>67</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>27/12/2022</u> Confirm with <u>Jackson</u>	Email ☒ Call ☐		
Final Liability:	% <u>50%</u> (Agreed / Assessed) BOLA S/N No. <u>NIL - Conflicting version</u>	If NO or B 28, Ass. Lia :		
Repair Cost: <u>with GST</u>	\$S <u>2,942.50</u> (\$5,885.00)			
Loss of Rental (LOR):	\$S (days)			
Loss of Use (LOU):	\$S <u>300.00</u> (\$ <u>150</u> x <u>2</u> days) (<u>\$300.00</u>)			
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: Normal/Reject/Private Settlement	
Disbursement:	\$S (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	\$S		3) Survey fee: <u>\$320</u>	
Total:	\$S <u>3,099.95</u>	Global Sum \$S: <u>3,100.00</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	\$S <u>3,100.00</u>	Name 1: <u>MY CAR CONSULTANT PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S	Name 2:		
Payee 3: (Strike if N.A.)	\$S	Name 3:		