

ASSIGNMENTSurveyor: MARCUSDOI: 10/03/2021Date / Time : 10/03/2021Registered in Merimen: 10/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMR 5992E

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 09/03/2021 06:58

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 / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SMV 9258UINSRS:
WSP: HOCK
Tel : WAH
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMV 9258U - X	SMR 5992E -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:	
			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	☐ ☐
<u>01/09/2021</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>		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>P/P</u> S\$ <u>2,639.70</u> (<u>5</u> days) Reduction: <u>49.59</u> %			Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: <u>31/08/2021</u> Confirm with <u>ANYSIA</u>			Email ☒	Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>			If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ <u>2,824.48</u>				
Loss of Rental (LOR): S\$ (days)				
Loss of Use (LOU): S\$ <u>360.00</u> (\$ <u>60</u> x <u>6</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>2.00</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>3,186.48</u>	Global Sum S\$: <u>3,150.00</u>			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1: S\$ <u>3,150.00</u>	Name 1: <u>HOCK WAH MOTOR WORKSHOP PTE LTD</u>			
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			