

ASSIGNMENTSurveyor: AdrianDOI: 15/03/2021Date / Time : 16/03/2021Registered in Merimen: 16/03/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SFB 1862R

Claim No. : _____

Name of Insured : Chang Wei Lin Jaclyn (Jiang Huiling Jaclyn)

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/03/2021

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**SJN 4210S → _____ → _____ → _____ → _____INSRS:
WSP: SM AUTOMOTIVE
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJN 4210S : <u>NA/CTI21003349/r3 ; DOA : 13/03/2021</u>	STAGE DATE / PIC
	SFB 1862R :	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>3,700.00</u> (<u>5</u> days) Reduction: <u>74</u> %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: <u>11/6/2021</u> Confirm with <u>SUKYI</u>		Email ☒ Call ☐
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>9</u>		If NO or B 28, Ass. Lia :
Repair Cost: S\$ <u>3,700.00</u>		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ <u>320.00</u> (\$ <u>80</u> x <u>4</u> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search S\$ <u>2.00</u>		
Medical: S\$ _____		1) Claim status: Normal/ Reject/Dispute Settle
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>4,022.00</u> Global Sum S\$:		
FINAL PAYMENT Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S\$ <u>4,022.00</u> Name 1: <u>SM AUTOMOTIVE</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		