

ASSIGNMENTSurveyor: XING GUO QIANGDOI: 19/04/2021Date / Time : 16/04/2021Registered in Merimen: 18/04/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMQ 1699JClaim No. : 0286112016SGName of Insured : LIM LARK

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 13/04/2021 17:10Place of Accident : PIE TOWARDS JURONG NEAR WHITLEY ROAD

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age :

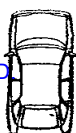
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SMR 5051XINSRS:
WSP: RICO 60 AUTO SERVICES PTE. LTD
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time		STAGE	DATE / PIC
	<u>SMR 5051X - X</u>	Non-Reporting ltr (1st):	
	<u>SMQ 1699J - CC4/AIG21004835/T1pa3 ; 13/04/2021</u>	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>13,200.00</u> (<u>10</u> days) Reduction: <u>69</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>28/12/2021</u> Confirm with <u>PRESCELIA</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S\$ <u>14,124.00</u>		
Loss of Rental (LOR):	\$S\$ <u>1,440.00</u> (<u>12</u> days) x \$120.00		
Loss of Use (LOU):	\$S\$ (\$ x days)		
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 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>15,571.45</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S\$ <u>15,571.45</u> Name 1: <u>RICO 60 AUTO SERVICES PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ Name 3: _____		