

**ASSIGNMENT**Surveyor: AdrianDOI: 18/08/2021Date / Time : 16/08/2021Registered in Merimen: 16/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SHD 2147GClaim No. : MFL2021D0003482

Name of Insured : \_\_\_\_\_

Policy No. : D20MFL0006372

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :S\$ \_\_\_\_\_

D.O.A : 11/08/2021 10:15Place of Accident : OUTSIDE YIO CHU KANG MRT STATION

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

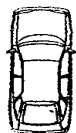
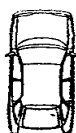
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

Final ? Yes / No

SKW 9459AINSRS:  
WSP: KAI MOTOR TRADING  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SKW 9459A - X	SHD 2147G - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
<u>12/10/2021</u>	<u>Pls refer to VIEWS for details.</u>		Call OI:	
			After call ltr to OI:	
			<b>Documentation Check List:</b>	<b>Handler</b> <b>Typist</b>
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:		Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:		Confirm by:	
Repair Cost: <u>L/sum</u> S\$ <u>1,850.00</u> ( <u>3</u> days) Reduction: <u>69</u> %			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>12/10/2021</u> Confirm with <u>Kym</u>			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>26</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>1,979.50</u>				
Loss of Rental (LOR): S\$ ( days)				
Loss of Use (LOU): S\$ <u>300.00</u> (\$ <u>100</u> x <u>3</u> days)				
Loss of Income (LOI): S\$ ( \$ x days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ <u>7.45</u>				
Medical: S\$			1) Claim status: Normal/ <del>Reject/Private Settle</del>	
Disbursement: S\$ (e.g. Tow/ Independent )			2) Report Format: <u>TP</u>	
Legal Cost S\$			3) Survey fee: <u>\$350.00</u>	
<b>Total:</b> S\$ <u>2,286.95</u>	<b>Global Sum S\$:</b>			
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ <u>2,286.95</u>	Name 1:	<u>KAI MOTOR TRADING</u>		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			