

INS. CASE OWNER:

ASSIGNMENT

CC6/CTI21008595/Apa3q2

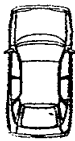
Surveyor:

Adrian

DOI:

01/11/2021Date / Time : 16/08/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : YQ 2522L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 13/08/2021 07:25Place of Accident : WET MARKET (OPEN SPACE CAR PARK)

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

Old Airport Rd, Singapore

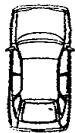
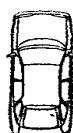
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / NoSJC 2179XINSRS:
WSP: Modern
Tel : Automotive
Liability : Pte Ltd
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SJC 2179X - X	YQ 2522L - 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	☐ ☐
			LTA / GIA :	☐ ☐
			Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☐ ☐
			LOD	☐ ☐
			Payment Breakdown Form:	☐ ☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____	
Repair Cost: <u>L/sum</u>	S\$ <u>2,250.00</u> (<u>4</u> days) Reduction: <u>58</u> %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>02/06/2022</u> Confirm with <u>Ms Chin</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: <u>w/GST</u>	S\$ <u>2,407.50</u>			
Loss of Rental (LOR):	S\$ <u>600.00</u> (<u>4</u> days) x \$100			
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>2.00</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>\$400.00</u>		
Total:	S\$ <u>3,009.50</u>	Global Sum S\$: 3,000.00		
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ <u>3,000.00</u>	Name 1:	<u>MODERN AUTOMOTIVE PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		