

ASSIGNMENTSurveyor: AdrianDOI: 24/09/2021Date / Time : 24/09/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GBH 2928UClaim No. : SNM21D205468/C02/GBH2928U/LEWLCName of Insured : SENG MING PLASTER CEILING TRADINGPolicy No. : DMCVSNW0004183101

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 23/09/2021

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****SKT 8294E**INSRS:
WSP: CN MOTORS
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
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Date/ Time																																																																							
	SKT 8294E : GBH 2928U : NA/CTI21009950/r3 ; DOA : 23/09/2021	<table border="1"> <thead> <tr> <th>STAGE</th> <th colspan="2">DATE / PIC</th> </tr> </thead> <tbody> <tr><td>Non-Reporting ltr (1st):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (2nd):</td><td></td><td></td></tr> <tr><td>Non-Reporting ltr (Final):</td><td></td><td></td></tr> <tr><td>Notification ltr (if non-pickup):</td><td></td><td></td></tr> <tr><td>Call OI:</td><td></td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td><td></td></tr> <tr> <td>Documentation Check List:</td> <td>Handler</td> <td>Typist</td> </tr> <tr><td>Notification ltr (if non-pickup)</td><td>☐</td><td>☐</td></tr> <tr><td>After call ltr to OI:</td><td>☐</td><td>☐</td></tr> <tr><td>Authorisation To Act:</td><td>☐</td><td>☐</td></tr> <tr><td>Release Voucher:</td><td>☐</td><td>☐</td></tr> <tr><td>Final Repair Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>Car Rental Invoice:</td><td>☐</td><td>☐</td></tr> <tr><td>Towing Invoice</td><td>☐</td><td>☐</td></tr> <tr><td>LTA / GIA :</td><td>☐</td><td>☐</td></tr> <tr><td>Medical Bill:</td><td>☐</td><td>☐</td></tr> <tr><td>PIR:</td><td>☐</td><td>☐</td></tr> <tr><td>Mandate/Reject Instruction:</td><td>☐</td><td>☐</td></tr> <tr><td>LOD</td><td>☐</td><td>☐</td></tr> <tr><td>Payment Breakdown Form:</td><td></td><td>☐</td></tr> <tr><td>Post-Repair Photos:</td><td>☐</td><td>☐</td></tr> <tr><td>Others:</td><td>☐</td><td>☐</td></tr> </tbody> </table>	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:	☐	☐
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Others:	☐	☐																																																																					
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Confirm by: <u>LWP</u>																																																																					
FINALIZATION	Date/Time: _____ Confirm with: _____	Repair Cost: <u>L/S</u> S\$ <u>4,600.00</u> (<u>5</u> days) Reduction: <u>76</u> %																																																																					
FINAL SETTLEMENT	Date/Time: <u>04.03.22</u> Confirm with: <u>SUKYI</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:	<u>w/GST</u> S\$ <u>4,922.00</u>	OID REAR ENDED TP																																																																					
Loss of Rental (LOR):	S\$ <u>400.00</u> (<u>4</u> days) x \$100																																																																						
Loss of Use (LOU):	S\$ <u>-</u> (\$ <u>x</u> days)																																																																						
Loss of Income (LOI):	S\$ <u>-</u> (\$ <u>x</u> days)																																																																						
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]																																																																							
GIA/LTA Search	S\$ <u>2.00</u>																																																																						
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject/Private Settle																																																																					
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>																																																																					
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$400</u>																																																																					
Total:	S\$ <u>5,324.00</u>	Global Sum S\$:																																																																					
FINAL PAYMENT	Date/Time: <u>04.03.22</u> Confirm with: <u>SUKYI</u>	Email ☐ Call ☐																																																																					
Payee 1:	S\$ <u>5,324.00</u> Name 1: <u>CN MOTORS PTE LTD</u>																																																																						
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____																																																																						
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____																																																																						