

ASSIGNMENTSurveyor: AdrianDOI: 14/10/2021Date / Time : 13/10/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : GBE 9589JClaim No. : SNM21D205872Name of Insured : METTLER TOLEDO (S) PTE LTDPolicy No. : DMCVSNW00044032100

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 12/10/2021Place of Accident : Woodlands Ave 3Is driver the owner? (YES / ☒ NO) Nature of Accident : _____If NO, Driver Name / Age : MOHAMED KHALID S/O NIZAMUDIN OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SMF 6920U**INSRS:
WSP: RYDER AUTO
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMF 6920U : <u>NA/EQI21010577/r3 ; DOA : 12/10/2021</u>	STAGE
	GBE 9589J :	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 ☐ ☐
	CLAIMANT: HITACHI CAPITAL ASIA PACIFIC PTE LTD	LTA / GIA : ☐ ☐
	TPV: H.FREED - 1496cc	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: P/P	S\$ <u>7,328.32</u> (5 days) Reduction: <u>\$3,048.80</u> % <u>29</u>	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>13/06/2022</u> Confirm with <u>ZEPH</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:	S\$ <u>7,841.30</u> W/GST	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>420.00</u> (\$ <u>60</u> x <u>7</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>43.90</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>8,305.20</u> Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>8,305.20</u> Name 1: <u>RYDER AUTO PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	