

ASSIGNMENT

Surveyor:

Adrian

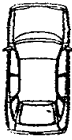
DOI:

03/11/2021

Date / Time :

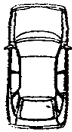
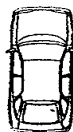
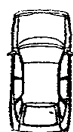
25/10/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **PC 4047J**Claim No. : **SNM21D206107**Name of Insured : **MUSICIS TRANSPORT SERVICES**Policy No. : **DMB1SNW00012082100**

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **12/10/2021**Place of Accident : **Hougang Ave 4**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****SJG 53S**INSRS:
WSP: **MODERN**
Tel : **AUTOMOTIVE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SJG 53S : NA/MSG11019995/s2 ; DOA : 30/09/2011	STAGE DATE / PIC
	PC 4047J : NS/INC19010751/Ntd3e2 ; DOA : 15/06/2019	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: ☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____
Repair Cost: L/S	S\$ \$750.00 (2 days) Reduction: \$525.90 % 41	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28/04/2022 Confirm with GRACE	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 802.50 W/GST	
Loss of Rental (LOR):	S\$ 240.00 (2 days) x \$120.00	OI OVERTAKE TP FROM THE RIGHT (STRADDLING BETWEEN 2 LANE (OPP DIRECTION LANE).
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 2.00	
Medical:	S\$	1) Claim status: Normal /Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$400.00 + \$500 (INVESTIGATION REPORT)
Total:	S\$ 1044.50 Global Sum S\$: 1,000.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 1,000.00 Name 1: MODERN AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	