

ASSIGNMENTSurveyor: STEVE CHENDOI: 17/11/2021Date / Time : 16/11/2021Registered in Merimen: 16/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBJ 3275CClaim No. : MFL2021D0005136

Name of Insured : _____

Policy No. : D19MFL0005549_02

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16.11.2021

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 / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % **Final ? Yes / No****SLV 1791K**INSRS:
WSP: Ding Automotive
Tel : Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLV 1791K - X	GBJ 3275C - 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: <u>CTY</u>	
Repair Cost: <u>P/P</u>	S\$ <u>5,501.76</u> (<u>5</u> days) Reduction: <u>56</u> %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: <u>04.03.22</u> Confirm with <u>KELLY</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>5,886.88</u>	<u>OID REVERSED AND HIT TP VEH</u>		
Loss of Rental (LOR):	S\$ <u>636.65</u> (<u>7</u> days) x \$90.95			
Loss of Use (LOU):	S\$ <u>-</u> (\$ <u>-</u> x <u>-</u> days)			
Loss of Income (LOI):	S\$ <u>280.00</u> (\$ <u>40</u> x <u>7</u> days)			
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]			
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ <u>-</u>	1) Claim status: Normal/ Reject Private Settlement		
Disbursement:	S\$ <u>-</u> (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>		
Legal Cost	S\$ <u>-</u>	3) Survey fee: <u>\$500</u>		
Total:	S\$ <u>6,810.98</u>	Global Sum S\$: 6,810.00		
FINAL PAYMENT	Date/Time: <u>04.03.22</u> Confirm with: <u>KELLY</u>	Email ☐ Call ☐		
Payee 1:	S\$ <u>6,810.00</u>	Name 1: <u>DING AUTO PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		