

ASSIGNMENTSurveyor: TaufikhDOI: 22/12/2021Date / Time : 20/12/2021Registered in Merimen: 20/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLW 1241B

Claim No. : _____

Name of Insured : SCHMIDT ANDREE WILLI PAUL

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/12/2021

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**XD 3892SINSRS:
WSP: WOON MENG
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	XD 3892S : X ; SLW 1241B : 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
			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:	Confirm by: <u>MTH</u>	
Repair Cost:	<u>L/S</u> S\$ <u>5,650.00</u>	(<u>3</u> days) Reduction:	<u>30</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>14.09.22</u>	Confirm with: <u>MS HENG</u>	Email ☐	Cal ☐
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>6,045.50</u>	<u>OI REAR ENDED TP</u>		
Loss of Rental (LOR):	S\$ -	(<u> </u> days)		
Loss of Use (LOU):	S\$ <u>600.00</u>	(\$ <u>150</u> x <u>4</u> days)		
Loss of Income (LOI):	S\$ <u>-</u>	(\$ <u> </u> x <u> </u> days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LO ☐	[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>\$320</u>		
Total:	S\$ <u>6,647.50</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time: <u>14.09.22</u>	Confirm with: <u>MS HENG</u>	Email ☐	Cal ☐
Payee 1:	S\$ <u>6,647.50</u>	Name 1:	<u>WOON MENG MOTOR PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		