

ASSIGNMENTSurveyor: **ADRIAN**DOI: **13/12/2021**Date / Time : **13/12/2021**Registered in Merimen: **02/01/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **PC 8961T**Claim No. : **MCV2021D0005402**Name of Insured : **YONG BUS TRANSPORT**

Policy No. :

Insured Tel No. : _____ HP: _____

Make / Model :

Excess Sec II :S\$D.O.A : **07/12/2021 16:10**Place of Accident : **Petain Rd, Singapore**

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**SGV 2118H**INSRS: **ADVANCE**
WSP: **AUTO**
Tel : **GARAGE**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGV 2118H - CC4/ASM21012795/Kea3 ; 07/12/2021	Non-Reporting ltr (1st):	
	CS/AGI21000956/Avf3e2 ; 19/01/2021	Non-Reporting ltr (2nd):	
	NA/INC21000964/r3 ; 19/01/2021	Non-Reporting ltr (Final):	
	PC 8961T - CC4/ASM21012795/Kea3 ; 07.12.2021	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
	*** claiming each others ***	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:	☐ ☐
CLAIMANT -	CHEN WEE PRECISION ENGINEERING PTE LTD	PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
	TPV: POSCHE CAYANNE- 2995cc	LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by:	
Repair Cost: LS	S\$ \$6,500.00 (3 days) Reduction: \$3,476.90 % 35	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04/07/2022 Confirm with Xavier	Email ☒ Call ☐	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost: 6,500.00	S\$ 3,250.00		
Loss of Rental (LOR):	S\$ (_____ days)	CONFLICTING VERSION	
Loss of Use (LOU): 480.00	S\$ 240.00 (\$ 120 x 4 days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.45		
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: \$500.00	
Total:	S\$ 3,497.45 Global Sum S\$: 3,450.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 3,450.00 Name 1: ADVANCE AUTO GARAGE		
Payee 2: (Strike if N.A.)	S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ Name 3: _____		