

ASSIGNMENT

Surveyor: XGQ

DOI: 05/01/2022

Date / Time : 04/01/2022

Registered in Merimen: 04/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLE 6619H

Claim No. : MPC2022D0000110

Name of Insured : ANG POH ENG

Policy No. : D18MPC0000586_03

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 31/12/2021

Place of Accident : _____

Is driver the owner? (YES / NO) Nature of Accident : _____

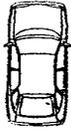
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

Insured Liability : _____ % **Final ? Yes / No**

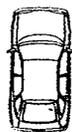
SJR 319T



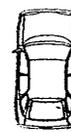
INSRS:
WSP: YEW TEE
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
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INSRS:
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Tel : _____
Liability : _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
	SJR 319T : CS/FCI19012115/Nvf3e2 ; DOA : 04/07/2019	
	SLE 6619H : X	
	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ Post-Repair Photos:

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: XGQ Others:

Repair Cost: L/S S\$ 2,100.00 (4 days) Reduction: 53 % Email Call

FINAL SETTLEMENT Date/Time: 29.06.22 Confirm with YEW Email Call

Final Liability: 100 % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia : _____

Repair Cost (GST: \$2,247.00) S\$ 1,123.50

Loss of Rental (LOR): - S\$ - (_____ days)

Loss of Use (LOU): \$240.00 S\$ 120.00 (\$ 60 x 4 days)

Loss of Income (LOI): \$160.00 S\$ 80.00 (\$ 40 x 4 days)

LOR only LOU only LOR + LOU LOR + LOU **[Tick only one]**

GIA/LTA Search - S\$ - 1) Claim status: Normal/~~Reject/Dispute/Settle~~

Medical: - S\$ - 2) Report Format: TP

Disbursement: - S\$ - (e.g. Tow/ Independent) 3) Survey fee: \$350

Legal Cost - S\$ -

Total: \$2,647.00 S\$ 1,323.50 **Global Sum S\$:**

FINAL PAYMENT Date/Time: 29.06.22 Confirm with: YEW Email Call

Payee 1: S\$ 1,323.50 Name 1: YEW TEE AUTOMOBILE TECH PTE LTD

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____