

ASSIGNMENTSurveyor: THEVANDOI: 29/03/2022Date / Time : 28/3/2022Registered in Merimen: 28/03/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : YM 7053LClaim No. : MFL2021D0000509

Name of Insured : _____

Policy No. : D20MFL0005664

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 27.01.2021Place of Accident : Boon Lay Dr

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**JQG 8893INSRS:
WSP: Sanfu Motor
Tel : Pte Ltd
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>JQG 8893 - X</u>	Non-Reporting ltr (1st):	
	<u>YM 7053L - CF/AIC08005937/gw ; 12.01.2008</u>	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 :	☐ ☐
	<u>CLAIMANT - CHAI HONG YOW</u>	Medical Bill:	☐ ☐
		PIR:	☐ ☐
	<u>TPV: KAWA EX250 - 250cc</u>	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: LOSS	S\$ <u>\$1,600.00</u> (<u>5</u> days) Reduction: <u>\$24,810.00%</u> <u>94</u>	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>02/07/2022</u> Confirm with <u>yeo doo</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:	S\$ <u>1,600.00</u>		
Loss of Rental (LOR):	S\$ (_____ days)	TP PIR AGAINST OI	
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ _____		
Medical:	S\$ _____	1) Claim status: ☒ Normal/Reject/Private Settle	
Disbursement:	S\$ <u>50.00</u> (e.g. ☒ Tow Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____	3) Survey fee: <u>\$600.00</u>	
Total:	S\$ <u>1,650.00</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>1,650.00</u> Name 1: <u>SANFU MOTOR PTE LTD</u>		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		