

ASSIGNMENT

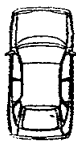
11/04/2022

Surveyor: XGQ

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : XD 3894LClaim No. : 21/22/22/VC05/025619Name of Insured : DA ENGINEERING PTE LTDPolicy No. : Z21VC05008429

Insured Tel No. : _____ HP: _____

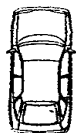
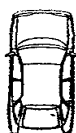
Make / Model : Mitsubishi FV51JJD4RDEAExcess Sec II :S\$ _____ D.O.A : 30/03/2022 09:40Place of Accident : BLK 421 CHOA CHU KANG AVE 4
OPEN CAR PARK

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

If NO, Driver Name / Age : MOHD ZAKI BIN ABD GHANI

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

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

Insured Liability : % **Final ? Yes / No**SLS 1855BINSRS:
WSP: KAH MOTOR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	<u>SLS 1855B - X</u>	<u>XD 3894L - X</u>	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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <u>P/P</u>	S\$ <u>6,254.28</u>	(<u>5</u> days) Reduction: <u>13</u> %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>25/05/2022</u>	Confirm with <u>Desmond</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>6,692.08</u>			
Loss of Rental (LOR): <u>W/GST</u>	S\$ <u>770.40</u>	(<u>6</u> days) <u>x\$120.00</u>		
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\$ <u>2.00</u>			
Medical:	S\$		1) Claim status: Normal/ Reject/Prints Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$		3) Survey fee: <u>\$400.00</u>	
Total:	S\$ <u>7,464.48</u>	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ <u>7,464.48</u>	Name 1: <u>Kah Motor Co Sdn Bhd</u>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		