

## ASSIGNMENT

Surveyor: KENNETH

DOI: 06/07/2022

Date / Time : 05/07/2022

Registered in Merimen: 05/07/2022 BY AIS

**Pre-assign / CCU / FTE**

Insured Vehicle No. : YP 9266K

Claim No. : 4HRSAISCL2022-00003KC

Name of Insured :

Policy No. : SPMF1000000485

Insured Tel No. : HP:

Make / Model :

Excess Sec II :\$\$ D.O.A : 03/07/2022 12:56

Place of Accident : \_\_\_\_\_

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

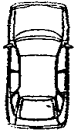
If **NO**, Driver Name / Age :

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

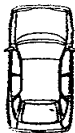
Driver Tel No. : (V/L: YES / NO )

|                     |   |                         |
|---------------------|---|-------------------------|
| Insured Liability : | % | <b>Final ? Yes / No</b> |
|---------------------|---|-------------------------|

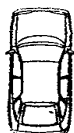
## SMA 138C



INRS:  
WSP: **MUNICH AUTOCARE**  
Tel : **PTE LTD**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | Date Created By                                                                    |                                   | DATE / PIC                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------|
| SMA 138C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date                                                                    | CA/MSG21012670/r3 14/12/2021 CHEONG WAI KUN SJP 6133H SMA 138C 14/12/2021          | 21/12/2021 RBW                    |                                                                         |
| CC6/CT118014259/T1ub3q2 12/10/2018 SGN 3973R SMA 138C 03/08/2018 15/10/2018                                                                                          | NA/CT118014887/z4 15/08/2018 NG SOO CHING SMA 138C SGN 3973R 03/08/2018 21/10/2018 | Non-Reporting ltr (1st):          |                                                                         |
| YP 9266K - X                                                                                                                                                         |                                                                                    | Non-Reporting ltr (2nd):          |                                                                         |
|                                                                                                                                                                      |                                                                                    | Non-Reporting ltr (Final):        |                                                                         |
|                                                                                                                                                                      |                                                                                    | Notification ltr (if non-pickup): |                                                                         |
|                                                                                                                                                                      |                                                                                    | Call OI:                          |                                                                         |
|                                                                                                                                                                      |                                                                                    | After call ltr to OI:             |                                                                         |
|                                                                                                                                                                      |                                                                                    | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                                            |
|                                                                                                                                                                      |                                                                                    | 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"/> <input type="checkbox"/>                       |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                                         | Sent By:                          | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>   |
|                                                                                                                                                                      |                                                                                    |                                   | Others: <input type="checkbox"/> <input type="checkbox"/>               |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                                         | Confirm with:                     | Confirm by:                                                             |
| Repair Cost: P/P                                                                                                                                                     | S\$ 29,031.78 ( 16 days) Reduction: 60 %                                           |                                   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: 29/12/2022                                                              | Confirm with Angela               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : 28                                        |                                   | If NO or B 28, Ass. Lia : 100                                           |
| Repair Cost: w/GST                                                                                                                                                   | S\$ 31,064.00                                                                      |                                   |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ ( days)                                                                        |                                   |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ 1,700.00 (\$100 x 17 days)                                                     |                                   |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                                                    |                                   |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [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: \$400.00                                                 |
| <b>Total:</b>                                                                                                                                                        | S\$32,771.45                                                                       | <b>Global Sum S\$:</b>            |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                                         | Confirm with:                     | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ 32,771.45                                                                      | Name 1: MUNICH AUTOCARE PTE LTD   |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                                                | Name 2:                           |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                                                | Name 3:                           |                                                                         |