

ASSIGNMENTSurveyor: SteveDOI: 20/07/2022Date / Time : 20/07/2022Registered in Merimen: 20/07/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SMN 3811D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 12/07/2022 10:25Place of Accident : Alexandra 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**SMP 5637SINSRS: _____
WSP: MY CAR CONSULTANT PTE LTD
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____INSRS: _____
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close	Stage Created By	DATE / PIC
	SMN 3811D - CS/III22006783/Kvy3 18/07/2022 SMN 3811D 12/07/2022 RAP	Non-Reporting ltr (1st):	
	SMP 5637S - CS/III21009366/Gqf3e2 10/09/2021 SMP 5637S SLN 6104D 05/09/2021 10/09/2021 LST	Non-Reporting ltr (2nd):	
	CS/III21009366/Gqf3e2-1 25/10/2021 SMP 5637S SLN 6104D 05/09/2021 26/10/2021 LST	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 :	☐
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☐
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/Sum</u>	\$S\$ <u>10,700.00</u> (<u>10</u> days) Reduction: <u>53</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>08/03/2023</u> Confirm with <u>Jackson</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>9a</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	\$S\$ <u>11,449.00</u>		
Loss of Rental (LOR):	\$S\$ (_____ days)		
Loss of Use (LOU):	\$S\$ <u>720.00</u> (\$ <u>60</u> x <u>12</u> days)		
Loss of Income (LOI):	\$S\$ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	\$S\$ <u>38.45</u>		
Medical:	\$S\$	1) Claim status: Normal/Reject/Printed/Settle	
Disbursement:	\$S\$ <u>70.00</u> (e.g. Tow/ <u>Independent</u>)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$	3) Survey fee: <u>\$600</u>	
Total:	\$S\$ <u>12,277.45</u> Global Sum \$S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S\$ <u>12,277.45</u> Name 1: <u>MY CAR CONSULTANT PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S\$ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S\$ Name 3: _____		