

ASSIGNMENTSurveyor: AdrianDOI: 24/08/2022Date / Time : 26/07/2022Registered in Merimen: 26/07/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBL 7444U

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 24/06/2022 10:55Place of Accident : LAVENDER RD TWDS BALESTIER

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**SKW 2154AINSRS:
WSP: MODERN
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 Date Created By	DATE / PIC
<u>SKW 2154A -</u>	NA/CT121007885/V 23/07/2021 ANG KIAM YEE SKW 2154A SHD 5242U 22/07/2021 24/08/2021 TTK	
<u>GBL 7444U -</u>	NA/CT122006054/r3 24/06/2022 ANG KIAM YEE (HONG JIANYI) SKW 2154A GBL 7444U 24/06/2022 29/06/2022 RBW	
	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	NA/CT122006054/r3 24/06/2022 ANG KIAM YEE (HONG JIANYI) SKW 2154A GBL 7444U 24/06/2022 29/06/2022 RBW	
	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>900.00</u> (<u>2</u> days) Reduction: <u>62</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>11/12/2022</u> Confirm with <u>Ms Chin</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>963.00</u>	
Loss of Rental (LOR):	S\$ _____ (_____ days)	
Loss of Use (LOU):	S\$ <u>100.00</u> (\$ <u>50</u> x <u>2</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>2.00</u>	
Medical:	S\$ _____	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____	3) Survey fee: <u>\$320.00</u>
Total:	S\$ <u>1,065.00</u> Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐	
Payee 1:	S\$ <u>1,065.00</u> Name 1: <u>Modern Automotive Pte Ltd</u>	
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____	