15/5/2010

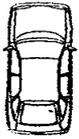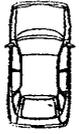|		
		LKK:
INS. CASE OWNER:	CC4/AIS22008449/Rpa3	IDAC:

<u>ASSIGNMENT</u>

Surveyor: _____ DOI: _____ Date / Time : **30.08.2022**
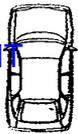
Registered in Merimen: **30.08.2022**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMX 218J**   Claim No. : _____

Name of Insured : **CHUA LIN KIAT (CAI RENJIE)**   Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **10/08/2022 13:45**   Place of Accident : **Jln Bukit Ho Swee, Singapore**

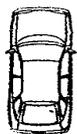Is driver the owner? (YES / NO) Nature of Accident : _____

If **NO**, Driver Name / Age : **KO HAU YAN FAITH**   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % **Final ? Yes / No**

SMY 591A → _____ → _____   _____ → _____

INSRS: **MY CAR CONSULTANT PTE LTD**	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	SMY 591A - X	SMX 218J - X	STAGE	DATE / PIC
			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	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: **L/SUM** S$ **1,250.00** (**3** days) Reduction: **79** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **27/07/2023** Confirm with: **JACKSON**   Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**		If NO or B 28, Ass. Lia :	
Repair Cost: **7%GST**	S$ **1,337.50**			
Loss of Rental (LOR):	S$ _____ (_____ days)			
Loss of Use (LOU):	S$ **240.00** ($ **80** x **3** days)			
Loss of Income (LOI):	S$ _____ ($ _____ x _____ days)			
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐		**[Tick only one]**		
GIA/LTA Search	S$ **33.00**			
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: **$350.00**	
Total:	S$ **1,610.50**	**Global Sum S$:**		

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1:	S$ **1,610.50**	Name 1:	**My Car Consultant Pte Ltd**
Payee 2: (Strike if N.A.)	S$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S$ _____	Name 3:	