

ASSIGNMENTSurveyor: MarcusDOI: 25/10/2022Date / Time : 08/09/2022Registered in Merimen: 08/09/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SGD 880Y

Claim No. : _____

Name of Insured : LIM HIANG KUANG JIMMY

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 03/09/2022 10:50Place of Accident : Ang Mo Kio Ave 3, Singapore

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

OPP AMK MRT.

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**SLG 4140ZINSRS: MY CAR
WSP: CONSULTANT
Tel : PTE LTD
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
SLG 4140Z -	CC6/CTI22008655/Uea3 05/09/2022 SGD 880Y SLG 4140Z 03/09/2022 HMK	Non-Reporting ltr (1st):	
	CS/GAI17019487/Krbn2 27/11/2017 SFQ 4494X SLG 4140Z 09/10/2017 27/11/2017 CM	Non-Reporting ltr (2nd):	
	CS3/CTJ21006583/T1vcp2 15/06/2021 SLG 4140Z SMH 6393E 07/06/2021 15/06/2021 SML	Non-Reporting ltr (3rd):	
	NA/SMO22003542/m4 19/04/2022 TAN GEOK KUAN (CHEN YUJUAN) SMR 7055Y SLG 4140Z 04/04/2022 SML	Notification ltr (non-pickup):	
	NBA/AIG18021415/Y 27/11/2018 GOH CHUN KIANG SJQ 7884L SLG 4140Z 26/11/2018	After call ltr to OI:	
SGD 880Y -	CC3/AIG11011459/Rvx 07/12/2011 SGD 880Y 11/06/2011 12/12/2011 CMJ	Documentation Check List:	Handler Typist
	CC3/AIG11011465/Rvn 19/07/2011 SGD 880Y 12/06/2011 22/07/2011 CMJ	Notification ltr (if non-pickup)	☐ ☐
	CC6/CTI22008655/Uea3 05/09/2022 SGD 880Y SLG 4140Z 03/09/2022 HMK	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>3,100.00</u> (<u>3</u> days) Reduction: <u>66</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>26/06/2023</u> Confirm with <u>Jackson</u>	Email ☒	Call ☐
Final Liability:	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>19</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u>	S\$ <u>1,674.00</u> (\$3,348.00)		
Loss of Rental (LOR):	S\$ <u>150.00</u> (<u>3</u> days) @ \$100 (\$300.00)		
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>33.00</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</u>	
Total:	S\$ <u>1,857.00</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	S\$ <u>1,857.00</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:		