

ASSIGNMENTSurveyor: RasulDOI: 08/09/2022Date / Time : 08.09.2022Registered in Merimen: 08.09.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLT 4722B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

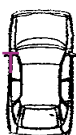
Excess Sec II :\$ \$ _____ D.O.A : 02.09.2022 11:45Place of Accident : EXIT TO SENG KANG WEST

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**SMV 9400AINSRS:
WSP:
Tel :
Liability :
RMKS:**MY CAR
CONSULTANT
PTE LTD**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	DATE / PIC
SMV 9400A -	CC4/III22006578/Aga3 12/07/2022 SHC 1833X SMV 9400A 06/07/2022 HMK	Created By	
SLT 4722B -X		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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐
			Others: ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: <u>L/SUM</u>	S\$ <u>1,100.00</u> (<u>3</u> days) Reduction: <u>60</u> %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>28/12/2022</u> Confirm with <u>JACKSON</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>1,177.00</u>		
Loss of Rental (LOR):	S\$ (days)		
Loss of Use (LOU):	S\$ <u>240.00</u> (\$ <u>80</u> x <u>3</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>1,419.00</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>1,419.00</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:	