			LKK:
INS. CASE OWNER:		**CC6/AIG22010744/Apa3**	IDAC:

ASSIGNMENT

Surveyor: **Adrian**   DOI: **02/11/2022**   Date / Time : **28.10.2022**

Registered in Merimen: **28.10.2022**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SLU 5988P**   Claim No. :

Name of Insured :   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : **27.10.2022 09:03**   Place of Accident :

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**

SJM 9222E ⟶ ⟶   ⟶

INSRS: INSRS: INSRS: INSRS:
WSP: **MODERN**   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time		STAGE	DATE / PIC
SJM 9222E - X			
SLU 5988P - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (2nd):	
CC3/AIG21009439/Avcn2 02/11/2021 SLU 5988P 02/09/2021 02/11/2021 FWL		Non-Reporting ltr (Final):	
CC3/AIG21012690/ra3q2XX 19/01/2022 SLU 5988P GBG 2760R 11/12/2021 19/01/2022 HMK		Notification ltr (if non-pickup):	
CS3/AIG21009487/Gtf3e2 14/09/2021 SLM 1522T SLU 5988P 02/09/2021 14/09/2021 LST1		Call OI:	
CS3/AIG21009487/Gtf3e2-1 26/10/2021 SLM 1522T SLU 5988P 02/09/2021 27/10/2021 LST1		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$ **6,600.00** (**7** days) Reduction: **56** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **23/02/2023** Confirm with **Ms Chin**   Email ✔ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :	
Repair Cost: **7% GST**	S$ **7,062.00**		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ **400.00** ($ **50** x **8** days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ✔ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**			
GIA/LTA Search	S$ **2.00**		
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: **$320.00**	
Total:	S$ **7,464.00** **Global Sum S$:**		

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

Payee 1:	S$ **7,464.00**	Name 1:	**MODERN AUTOMOTIVE PTE LTD**
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	