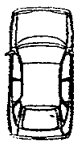


ASSIGNMENTSurveyor: RASULDOI: 19/05/2022Date / Time : 07/11/2022 (-1 CASE)Registered in Merimen: 07/11/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SLK 6830G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 13/05/2022 12:15

Place of Accident : _____

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

If NO, Driver Name / Age : _____

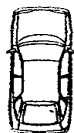
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SJJ 3548XINSRS:
WSP: MY CAR
Tel : CONSULTANT
Liability : PTE LTD
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
SJJ 3548X	CS/AIS22004707/Rvy3e2 29/09/2022 SJJ 3548X SLK 6830G 13/05/2022 30/09/2022 NM	Non-Reporting ltr (1st):	
	NBA/MSG16004182/T1 03/03/2016 GLEN CHOO MING LIANG SJJ 3548X SKJ 4978U 02/03/2016 18/03/2016 MTH	Non-Reporting ltr (2nd):	
SLK 6830G	CS/AIS22004707/Rvy3e2 29/09/2022 SJJ 3548X SLK 6830G 13/05/2022 30/09/2022 NM	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: <u>L/SUM</u>	\$S\$ <u>2,950.00</u> (<u>6</u> days) Reduction: <u>82</u> %	Email ☒	Call ☐
FINAL SETTLEMENT	Date/Time: <u>08/02/2023</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>3,156.50</u>		
Loss of Rental (LOR):	\$S\$ (_____ days)		
Loss of Use (LOU):	\$S\$ <u>350.00</u> (\$ <u>50</u> x <u>7</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>33.00</u>		
Medical:	\$S\$	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	\$S\$ <u>70.00</u> (e.g. <u>Tow/</u> independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S\$	3) Survey fee: <u>\$350.00</u>	
Total:	\$S\$ <u>3,609.50</u> Global Sum S\$:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☒ Call ☐		
Payee 1:	\$S\$ <u>3,609.50</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:		