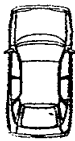


ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : **15/12/2022**
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **GBH 7105U** Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : **05.12.2022** Place of Accident : _____

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

If NO, Driver Name / Age :

Driver Tel No. :

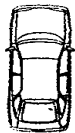
(V/L: YES / NO)

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

Insured Liability :

%

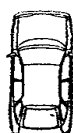
Final ? Yes / No

SMV 2470T

INSRS: **KUM CHEW**
 WSP: **MOTOR**
 Tel : **WORKSHOP**
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:



INSRS:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time	SMV 2470T - X	GBH 7105U - 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:	☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐
			Others:	☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ 763.38 (1 days) Reduction: 26	%	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 25/05/2023 Confirm with MDM LIM		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22		If NO or B 28, Ass. Lia :	
Repair Cost: 8%GST	S\$ 824.45			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 160.00 (\$ 80 x 2 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ 7.45			
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: \$400.00	
Total:	S\$ 991.90	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 991.90	Name 1: Kum Chew Motor Workshop		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		