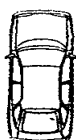


ASSIGNMENT

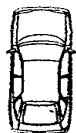
Surveyor: _____ DOI: _____ Date / Time : 07.02.2023
Registered in Merimen: 07.02.2023

Pre-assign / CCU / FTE

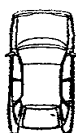
Insured Vehicle No. : <u>YP 1743C</u> Name of Insured : _____ Insured Tel No. : _____ HP: _____ Excess Sec II :S\$ _____ D.O.A : <u>05/02/2023 16:00</u> Is driver the owner? (YES / NO) Nature of Accident : _____	Claim No. : _____ Policy No. : _____ Make / Model : _____ Place of Accident : <u>ALONG THOMSON ROAD,INFRONT OF NOVENA SQUARE BUS-STOP B50038</u>
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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

SMP 6843G



INRS:
WSP: C & C
Tel : AUTOMOTIVE
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time				STAGE		DATE / PIC	
SMP 6843G -X							
YP 1743C - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date				Created By: (1st):			
CC4/III21006565/Ugs3q2 09/09/2021 FBL 1663T YP 1743C 19/12/2020 09/09/2021 LSL				Non-Reporting ltr (2nd):			
NA/INC19019248/h4 31/10/2019 RAJAGOPAL SGN 6203K YP 1743C 30/10/2019 06/11/2019 KSH				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:	
						☐	
						☐	
FINALIZATION		Date/Time:		Confirm with:		Confirm by:	
Repair Cost: P/P		S\$ 35,561.00 (27 days) Reduction: 2 %				Email ☐ Call ☐	
FINAL SETTLEMENT		Date/Time: 18/05/2023 Confirm with Ai Ting				Email ☒ Call ☐	
Final Liability:		% 100 (Agreed / Assessed) BOLA S/N No. : 28E				If NO or B 28, Ass. Lia : 100	
Repair Cost: 8%GST		S\$ 38,405.88					
Loss of Rental (LOR) 8%GST		S\$ 2,916.00 (27 days)					
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\$ 2.00					
Medical:		S\$				1) Claim status: Normal/Reject/Private Settlement	
Disbursement:		S\$ (e.g. Tow/ Independent)				2) Report Format: TP	
Legal Cost		S\$				3) Survey fee: \$350.00	
Total:		S\$ 41,323.88		Global Sum S\$:			
FINAL PAYMENT		Date/Time:		Confirm with:		Email ☐ Call ☐	
Payee 1:		S\$ 41,323.88		Name 1:		Cycle & Carriage Automotive Pte Ltd	
Payee 2: (Strike if N.A.)		S\$		Name 2:			
Payee 3: (Strike if N.A.)		S\$		Name 3:			