

**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : \_\_\_\_\_

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 9619B**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : \_\_\_\_\_

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

| Date/ Time                                                                                                                                                           |                                                               | 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:                     |                                                                         |
|                                                                                                                                                                      |                                                               | <b>Documentation Check List:</b>          | <b>Handler      Typist</b>                                              |
|                                                                                                                                                                      |                                                               | Notification ltr (if non-pickup)          | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | After call ltr to OI:                     | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Authorisation To Act:                     | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Release Voucher:                          | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Final Repair Bill:                        | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Car Rental Invoice:                       | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Towing Invoice                            | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | LTA / GIA :                               | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Medical Bill:                             | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | PIR:                                      | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Mandate/Reject Instruction:               | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | LOD                                       | <input type="checkbox"/> <input type="checkbox"/>                       |
|                                                                                                                                                                      |                                                               | Payment Breakdown Form:                   | <input type="checkbox"/> <input type="checkbox"/>                       |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____                                              | Sent By: _____                            | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>   |
|                                                                                                                                                                      |                                                               |                                           | Others: <input type="checkbox"/> <input type="checkbox"/>               |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____                                              | Confirm with: _____                       | Confirm by: _____                                                       |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>17,200.00</b> ( <b>8</b> days) Reduction: <b>50</b> %  |                                           | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>07/11/2025</b> Confirm with <b>SHARON</b>       |                                           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>    |                                           | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: <b>WITH 9% GST</b>                                                                                                                                      | S\$ <b>18,748.00</b>                                          |                                           |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>763.00</b> ( <b>7</b> days) <b>X \$100.00 + 9% GST</b> |                                           |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                               |                                           |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                               |                                           |                                                                         |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                               |                                           |                                                                         |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>2.18</b>                                               |                                           |                                                                         |
| Medical:                                                                                                                                                             | S\$                                                           |                                           | 1) Claim status: Normal/Reject/Private Settle                           |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                  |                                           | 2) Report Format: <b>TP</b>                                             |
| Legal Cost                                                                                                                                                           | S\$                                                           |                                           | 3) Survey fee: <b>\$400.00</b>                                          |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 19,513.18</b>                                          | <b>Global Sum S\$:</b>                    |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____                                              | Confirm with: _____                       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ <b>19,513.18</b>                                          | Name 1: <b>KANG CAR REPAIRERS PTE LTD</b> |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                           | Name 2:                                   |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                           | Name 3:                                   |                                                                         |