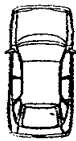


**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

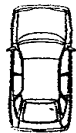
Insured Vehicle No. : **SDT 10T** Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : \_\_\_\_\_ Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

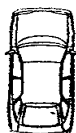
Driver Tel No. :

(V/L: YES / NO )

OI GIA REPORT: YES / NO ; TP GIA REPORT: 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</b>                                                          |
|                                                                                                                                                                      |                                                   | Notification ltr (if non-pickup)             | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | After call ltr to OI:                        | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Authorisation To Act:                        | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Release Voucher:                             | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Final Repair Bill:                           | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Car Rental Invoice:                          | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Towing Invoice                               | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | LTA / GIA :                                  | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Medical Bill:                                | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | PIR:                                         | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Mandate/Reject Instruction:                  | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | LOD                                          | <input type="checkbox"/>                                                |
|                                                                                                                                                                      |                                                   | Payment Breakdown Form:                      | <input type="checkbox"/>                                                |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                        | Sent By:                                     | Post-Repair Photos: <input type="checkbox"/>                            |
|                                                                                                                                                                      |                                                   |                                              | Others: <input type="checkbox"/>                                        |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                        | Confirm with:                                | Confirm by:                                                             |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>7,750.00</b>                               | ( <b>9</b> days) Reduction: <b>64</b> %      | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>14/01/2025</b>                      | Confirm with <b>Joanne</b>                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b>                                      | (Agreed / Assessed) BOLA S/N No. : <b>27</b> | If NO or B 28, Ass. Lia :                                               |
| Repair Cost: <b>WITH GST 9%</b>                                                                                                                                      | S\$ <b>8,447.50</b>                               |                                              |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ (      days)                                  |                                              |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>720.00</b> (\$ <b>60</b> x <b>12</b> days) |                                              |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$      x      days)                         |                                              |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                   |                                              |                                                                         |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>27.25</b>                                  |                                              |                                                                         |
| Medical:                                                                                                                                                             | S\$                                               |                                              | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                      |                                              | 2) Report Format: <b>TP</b>                                             |
| Legal Cost                                                                                                                                                           | S\$                                               |                                              | 3) Survey fee: <b>\$650.00</b>                                          |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>9,194.75</b>                               | <b>Global Sum S\$: 9,150.00</b>              |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                        | Confirm with:                                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ <b>9,150.00</b>                               | Name 1: <b>HD PERFECT AUTOWORK PTE LTD</b>   |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                               | Name 2:                                      |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                               | Name 3:                                      |                                                                         |