

ASSIGNMENT

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

Pre-assign / CCU / FTE



Insured Vehicle No. : **GBD 1403U** 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**



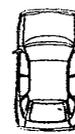
INSRS:
WSP:
Tel :
Liability :
RMKS:



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:	
		Documentation Check List: Handler Typist	
		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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____			
Repair Cost: L/SUM S\$ 7,500.00 (5 days) Reduction: 52 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 10/03/2025 Confirm with Xue Ting		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 19		If NO or B 28, Ass. Lia :	
Repair Cost: WITH GST 9% S\$ 4,087.50 (\$8,175.00 @ 50%)			
Loss of Rental (LOR): S\$ _____ (_____ days)			
Loss of Use (LOU): S\$ 150.00 (\$ 60 x 5 days) = \$300.00 @ 50%			
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\$ 58.25			
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: \$650.00	
Total: S\$ 4,295.75	Global Sum S\$: 4,000.00		
FINAL PAYMENT Date/Time: _____ Confirm with: _____		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 4,000.00	Name 1: LEE BROTHERS AUTOMOTIVE PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		