

ASSIGNMENT

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

Pre-assign / CCU / FTEInsured Vehicle No. : **PA 898G**

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
		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:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: L/SUM	S\$ 34,000.00	(12 days) Reduction: 62%	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/04/2025	Confirm with Joanne	Email ☒ Call ☐
Final Liability:	% 100 (ASS: 0%)	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :
Repair Cost: WITH GST 9%	S\$ 37,060.00		
Loss of Rental (LOR):	S\$ _____ (_____ days)		
Loss of Use (LOU):	S\$ 1,400.00 (\$ 100 x 14 days)		
Loss of Income (LOI):	S\$ _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ 27.25		
Medical:	S\$ _____		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ 100.00 (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$ _____		3) Survey fee: \$400.00
Total:	S\$ 38,587.25	Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 38,587.25	Name 1: HD PERFECT AUTOWORK PTE LTD	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	