

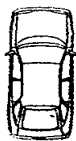
**ASSIGNMENT**

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

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

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

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLZ 1506Y**

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

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

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

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

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

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

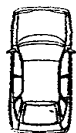
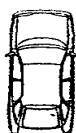
Place of Accident : \_\_\_\_\_

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</b> <b>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"/>                       |
|  |   | Post-Repair Photos:   | <input type="checkbox"/> <input type="checkbox"/>                       |
|  |   | Others:   | <input type="checkbox"/> <input type="checkbox"/>                       |
| <b>PRELIMINARY ADVICE</b>  | Date/Time: _____  | Sent By: _____  |   |
| <b>FINALIZATION</b>  | Date/Time: _____  | Confirm with: _____   | Confirm by: _____   |
| Repair Cost: <b>L/SUM</b>  | S\$ <b>5,750.00</b> ( <b>7</b> days) Reduction: <b>54</b> % | Email <input type="checkbox"/> Call <input type="checkbox"/>            |   |
| <b>FINAL SETTLEMENT</b>  | Date/Time: <b>06/11/2024</b> Confirm with <b>Ms Wong</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>6,267.50</b>   |   |   |
| Loss of Rental (LOR):  | S\$ _____ ( _____ days)                                     |   |   |
| Loss of Use (LOU):   | S\$ <b>480.00</b> (\$ <b>60</b> x <b>8</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/Reject/Private Settle                           |   |
| Disbursement:  | S\$ _____ (e.g. Tow/ Independent )                          | 2) Report Format: <b>TP</b>   |   |
| Legal Cost   | S\$ _____   | 3) Survey fee: <b>\$370.00</b>  |   |
| <b>Total:</b>  | S\$ <b>6,774.75</b>   | <b>Global Sum S\$: 6,700.00</b>   |   |
| <b>FINAL PAYMENT</b>   | Date/Time: _____  | Confirm with: _____   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:   | S\$ <b>6,700.00</b>   | Name 1: <b>CHIA AUTO SERVICES PTE LTD</b>                               |   |
| Payee 2: (Strike if N.A.)  | S\$ _____   | Name 2: _____   |   |
| Payee 3: (Strike if N.A.)  | S\$ _____   | Name 3: _____   |   |