

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **13/05/2020**Date / Time : **13/05/2020**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 7326Z**

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

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

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **08/05/2020**

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

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

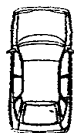
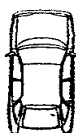
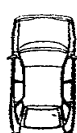
If **NO**, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No****GBH 3225H**INSRS:  
WSP: **ESTEEM**  
Tel : **PERFORMANCE**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | GBH 3225H - x                                    | GBH 7326Z - X                    | 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: P/P                                                                                                                                                     | S\$ 10,666.99 ( 14 days) Reduction: 4016.14 % 27 |                                  | Email <input type="checkbox"/>                                                    | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: 29/12/2020 Confirm with <b>CARMEN</b> |                                  | Email <input checked="" type="checkbox"/>                                         | Call <input type="checkbox"/>                     |
| Final Liability:                                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : 27      |                                  | If NO or B 28, Ass. Lia :                                                         |                                                   |
| Repair Cost:                                                                                                                                                         | S\$ 11,413.68 W/GST                              |                                  |                                                                                   |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ ( days)                                      |                                  |                                                                                   |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ 1080.00 (\$ 60 x 18 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\$ 7.45                                         |                                  |                                                                                   |                                                   |
| Medical:                                                                                                                                                             | S\$                                              |                                  | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |                                                   |
| Disbursement:                                                                                                                                                        | S\$ 70.00 (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\$ 12,571.13</b>                             | <b>Global Sum S\$: 12,550.00</b> |                                                                                   |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                       | Confirm with:                    | Email <input checked="" type="checkbox"/>                                         | Call <input type="checkbox"/>                     |
| Payee 1:                                                                                                                                                             | S\$ 12,550.00                                    | Name 1:                          | <b>ESTEEM PERFORMANCE PTE LTD</b>                                                 |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 2:                          |                                                                                   |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 3:                          |                                                                                   |                                                   |