

**ASSIGNMENT**

Surveyor: ADRIAN DOI: 14/05/2020 Date / Time : 14/05/2020  
 Registered in Merimen: 14/05/2020

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SGE 88M Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 12/05/2020 Place of Accident : SLIP ROAD OF LORONG 1 TOA PAYOH  
 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**

**SLL 7137M**



INSRS:  
WSP: SIN FATT  
Tel : DIESEL MOTOR  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                           | SLL 7137M - X                                | SGE 88M - 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: Handler Typist</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: L/S                     | S\$ 7500.00                                  | ( 7 days) Reduction: 12,122.70 % 61   | Email <input type="checkbox"/>  | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time:   | 29/09/2020                                   | Confirm with CHRIS                    | 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\$ 7500.00                                  |                                       |   |                               |
| Loss of Rental (LOR):                | S\$  | ( days)                               |   |                               |
| Loss of Use (LOU):                   | S\$ 720.00                                   | (\$ 80.00x 9 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\$  | (e.g. Tow/ Independent )              | 2) Report Format: TP  |                               |
| Legal Cost                           | S\$  |                                       | 3) Survey fee: \$320.00   |                               |
| <b>Total:</b>                        | S\$ 8227.45                                  | <b>Global Sum S\$: 8200.00</b>        |   |                               |
| <b>FINAL PAYMENT</b> Date/Time:      |  | Confirm with:                         | Email <input checked="" type="checkbox"/>   | Call <input type="checkbox"/> |
| Payee 1:                             | S\$ 8200.00                                  | Name 1:                               | SIN FATT DIESEL MOTOR   |                               |
| Payee 2: (Strike if N.A.)            | S\$  | Name 2:                               |   |                               |
| Payee 3: (Strike if N.A.)            | S\$  | Name 3:                               |   |                               |