

**ASSIGNMENT**

Surveyor: STEVE DOI: \_\_\_\_\_ Date / Time : 28/05/2020  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SHC 3710D Claim No. : D20002254MFSH  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
 Excess Sec II : \$ \_\_\_\_\_ D.O.A : 26/05/2020 Place of Accident : SIMEI AVE TWDS TAMPINES AVE 5  
 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**

**SMD 362E**



INSRS: \_\_\_\_\_  
 WSP: **NINETEEN AUTOWERKS**  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



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 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
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 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
	SMD 362E - NA/AIG20005966/h4 ; 26/05/2020 CC4/AIG20005984/Fps3 ; 26/05/2020	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:
	SHC 3710D - NS/INC15002330/H1td1 ; 04/02/2015 NA/AIG20005966/h4 ; 26/05/2020 CS/FCI19010882/R1td3n2 ; 17/06/2019 CC4/AIG20005984/Fps3 ; 26/05/2020	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 checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>
<b>09/09/2020</b>	<b>SETTLED AND CLOSED / NO PHY FILE</b>	Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD <input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <b>L/S</b> S\$ <b>5,500.00</b> ( <b>5</b> days) Reduction: <b>62.50</b> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <b>04/09/2020</b> Confirm with <b>JEREMY TAN</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>15</b> If NO or B 28, Ass. Lia :		
Repair Cost: S\$ <b>5,500.00</b>		
Loss of Rental (LOR): S\$ <b>600.00</b> ( <b>5</b> days) x \$120.00		
Loss of Use (LOU): S\$ (\$ x days)		<b>OID CHANGED LANE</b>
Loss of Income (LOI): S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <b>36.45</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>\$500.00</b>
<b>Total: S\$ 6,136.45 Global Sum S\$: 6,100.00</b>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <b>6,100.00</b> Name 1: <b>NINETEEN AUTOWERKS PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		