

ASSIGNMENT

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

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

Date / Time : 14/08/2020

Registered in Merimen: 17/08/202

**Pre-assign / CCU / FTE**

Insured Vehicle No. : GBE 2471K

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/08/2020 10:00

Place of Accident : FERNVALE ST TOWARDS SENGKANG WEST WAY

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****SMK 5492T**INSRS:  
WSP: AH LIM  
Tel : MOTOR  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SMK 5492T - X                               | GBE 2471K - 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"/>                          |
|                                                                                                                                                                      |                                             |                                                              | 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: XGQ                                              |                                                   |
| Repair Cost: P/P                                                                                                                                                     | S\$ 1,253.46 ( 3 days) Reduction: 74 %      | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: 03.04.21                         | Confirm with MUI HONG                                        | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : 15 | If NO or B 28, Ass. Lia :                                    |                                                              |                                                   |
| Repair Cost: w/GST                                                                                                                                                   | S\$ 1,341.20                                | OID CHANGED LANE HIT TP                                      |                                                              |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ - ( days)                               |                                                              |                                                              |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ 300.00 (\$ 100 x 3 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\$ 2.00                                    |                                                              |                                                              |                                                   |
| Medical:                                                                                                                                                             | S\$ -                                       | 1) Claim status: Normal/Reject/Dispute/Settle                |                                                              |                                                   |
| Disbursement:                                                                                                                                                        | S\$ - (e.g. Tow/ Independent )              | 2) Report Format: TP                                         |                                                              |                                                   |
| Legal Cost                                                                                                                                                           | S\$ -                                       | 3) Survey fee: \$320                                         |                                                              |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ 1,643.20                                | <b>Global Sum S\$:</b>                                       |                                                              |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: 03.04.21                         | Confirm with: MUI HONG                                       | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ 1,643.20                                | Name 1:                                                      | AH LIM MOTOR COMPANY                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                         | Name 2:                                                      |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                         | Name 3:                                                      |                                                              |                                                   |