

ASSIGNMENTSurveyor: KennethDOI: 08/10/2020Date / Time : 08/10/2020Registered in Merimen: 08/10/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMJ 2534G

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

Name of Insured : LOH AI LIN

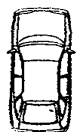
Policy No. : \_\_\_\_\_

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 06/10/2020

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** NODriver Tel No. : \_\_\_\_\_ (V/L: **YES** NO )Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**GBE 8790AINSRS:  
WSP: **CHENG HOE**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                             |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | GBE 8790A : X                                               | <b>STAGE</b> <b>DATE / PIC</b>                                                     |
|                                                                                                                                                                     | SMJ 2534G : CS/AIG20010793/T1yf3 ; DOA : 06/10/2020         | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                             | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                             | Call OI:                                                                           |
|                                                                                                                                                                     |                                                             | After call ltr to OI:                                                              |
|                                                                                                                                                                     |                                                             | <b>Documentation Check List: Handler 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"/>          |
| <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:                                                                      |
| Repair Cost: <b>L/SUM</b>                                                                                                                                           | S\$ <b>5,850.00</b> ( <b>9</b> days) Reduction: <b>36</b> % | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>11.10.2021</b> Confirm with <b>JUNE</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:                                                                                                                                                        | S\$ <b>6,259.50</b>                                         |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ _____ ( _____ days)                                     |                                                                                    |
| Loss of Use (LOU):                                                                                                                                                  | S\$ <b>800.00</b> (\$ <b>80</b> x <b>10</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 + LO <input type="checkbox"/> [Tick only one] |                                                             |                                                                                    |
| GIA/LTA Search                                                                                                                                                      | S\$ <b>8.00</b>                                             |                                                                                    |
| Medical:                                                                                                                                                            | S\$ _____                                                   | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement:                                                                                                                                                       | S\$ _____ (e.g. Tow/ Independent )                          | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost                                                                                                                                                          | S\$ _____                                                   | 3) Survey fee: <b>320.00</b>                                                       |
| <b>Total:</b>                                                                                                                                                       | <b>S\$ 7,067.50</b>                                         | <b>Global Sum S\$:</b>                                                             |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                  | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1:                                                                                                                                                            | S\$ <b>7,067.50</b>                                         | Name 1: <b>CHENG HOE MOTOR PL</b>                                                  |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$ _____                                                   | Name 2: _____                                                                      |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$ _____                                                   | Name 3: _____                                                                      |