

**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **11.12.2020**Date / Time : **11.12.2020**Registered in Merimen: **14.12.2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SKQ 3329M**

Claim No. :

Name of Insured : **TIEN CHUNG PENG**Policy No. : **2100406378**

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

Make / Model : **Toyota 86**Excess Sec II :\$ D.O.A : **11/12/2020 07:30**Place of Accident : **Near Sengkang E Dr, Singapore**

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

**SJC 3799A**INSRS:  
WSP: **ISHARE AUTO**  
Tel : **PTE. LTD.**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                             |                                                                         |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
|                                                                                                                                                                      | <b>SJC 3799A - CS3/SMO18011478/R1vd3e2-1 ; 21/06/2018</b>   | <b>STAGE</b>                                                            | <b>DATE / PIC</b>                                                       |
|                                                                                                                                                                      | <b>CS3/SMO18011478/R1z4d3e2 ; 21/06/2018</b>                | Non-Reporting ltr (1st):                                                |                                                                         |
|                                                                                                                                                                      | <b>SKQ 3329M - X</b>                                        | Non-Reporting ltr (2nd):                                                |                                                                         |
|                                                                                                                                                                      |                                                             | Non-Reporting ltr (Final):                                              |                                                                         |
|                                                                                                                                                                      |                                                             | Notification ltr (if non-pickup):                                       |                                                                         |
|                                                                                                                                                                      |                                                             | Call OI:                                                                |                                                                         |
|                                                                                                                                                                      |                                                             | After call ltr to OI:                                                   |                                                                         |
| <b>12/04/2021</b>                                                                                                                                                    | <b>Pls refer to VIEWS for details.</b>                      | <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"/>                       |
| <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/sum</b>                                                                                                                                            | S\$ <b>4,600.00</b> ( <b>6</b> days) Reduction: <b>71</b> % |                                                                         | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>12/04/2021</b> Confirm with <b>Michelle</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>4,600.00</b>                                         |                                                                         |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ ( days)                                                 |                                                                         |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>480.00</b> (\$ <b>80</b> x <b>6</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 + LOI <input type="checkbox"/> [Tick only one] |                                                             |                                                                         |                                                                         |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>7.45</b>                                             |                                                                         |                                                                         |
| Medical:                                                                                                                                                             | S\$                                                         | 1) Claim status: Normal/Reject/Printed/Settle                           |                                                                         |
| 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>                                                                                                                                                        | S\$ <b>5,087.45</b>                                         | <b>Global Sum S\$: 5,080.00</b>                                         |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                  | Confirm with:                                                           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Payee 1:                                                                                                                                                             | S\$ <b>5,080.00</b>                                         | Name 1: <b>IShare Auto Pte Ltd</b>                                      |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                                                                 |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                                                                 |                                                                         |