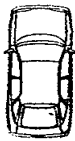


**ASSIGNMENT**

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

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

Date / Time : 04/01/2021Registered in Merimen: 04/01/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SJR 8880K

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

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

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

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

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

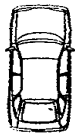
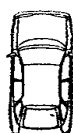
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 02/01/2021 09:41Place of Accident : BRADDELL ROAD

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**SJN 865DSKU 4031TSJR 8880KSMF 9168EINSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS: **OI**INSRS:  
WSP: **PERFORMANCE**  
Tel : **MOTOR LTD**  
Liability :  
RMKS: **TP**

Date/ Time	SMF 9168E - X	SJR 8880K - 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 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 type="checkbox"/> <input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
			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"/>
			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: _____	
Repair Cost: <b>P/P</b>	S\$ <b>3,918.80</b> ( <b>3</b> days) Reduction: <b>30.80</b> %	Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b>	Date/Time: <b>01/04/2021</b> Confirm with <b>EVELYN</b>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>28</b>	If NO or B 28, Ass. Lia : <b>0%</b>		
Repair Cost:	S\$ <b>4,193.12</b>			
Loss of Rental (LOR):	S\$ _____ ( _____ days)			
Loss of Use (LOU):	S\$ <b>180.00</b> (\$ <b>60</b> x <b>3</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>2.00</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>\$350.00</b>		
<b>Total:</b>	S\$ <b>4,375.12</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>4,375.12</b>	Name 1:	<b>PERFORMANCE MOTORS LIMITED</b>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:		