

**ASSIGNMENT**

Surveyor:

ADRIAN

DOI: 07/01/2021

Date / Time : 07/01/2021

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 3546C

Claim No. : D21000128MFCV

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 05/01/2021 10:10

Place of Accident : ULU PANDAN BUS DEPOT LOADING/ UNLOADING BAY

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

SMR 6006X

INSRS: PEOPLE'S  
WSP: VEHICLE  
Tel : RECOVERY  
Liability : SERVICE  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SMR 6006X - X                                | YN 3546C - 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: LWP                                              |                                                   |
| Repair Cost:                                                                                                                                                         | P/P S\$ 10,583.60 ( 4 days) Reduction: 5 %   | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                              |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: 30.03.21                          | Confirm with: APPLE                                          | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % 100 (Agreed / Assessed) BOLA S/N No. : NIL | If NO or B 28, Ass. Lia :                                    |                                                              |                                                   |
| Repair Cost:                                                                                                                                                         | w/GST S\$ 11,324.45                          | OID REVERSED HIT TP VEHICLE                                  |                                                              |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ - ( days)                                |                                                              |                                                              |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ 400.00 (\$ 100 x 4 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\$ 7.45                                     |                                                              |                                                              |                                                   |
| Medical:                                                                                                                                                             | S\$ -                                        | 1) Claim status: Normal/Reject/Printed/Settle                |                                                              |                                                   |
| Disbursement:                                                                                                                                                        | S\$ - (e.g. Tow/ Independent )               | 2) Report Format: TP                                         |                                                              |                                                   |
| Legal Cost                                                                                                                                                           | S\$ -                                        | 3) Survey fee: \$500                                         |                                                              |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ 11,731.90                                | <b>Global Sum S\$: 11,730.00</b>                             |                                                              |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: 30.03.21                          | Confirm with: APPLE                                          | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ 11,730.00                                | Name 1:                                                      | PEOPLE'S VEHICLE RECOVERY SERVICE                            |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                          | Name 2:                                                      |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                          | Name 3:                                                      |                                                              |                                                   |