

**ASSIGNMENT**Surveyor: AdrianDOI: 13/01/2021Date / Time : 14/01/2021Registered in Merimen: —**Pre-assign / CCU / FTE**Insured Vehicle No. : YP 2485R

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

Name of Insured : WAH & HUA PTE LTD

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 11/01/2021

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****SKS 86Y**INSRS:  
WSP: **YSK AUTO**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                               |                                                                        |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                          | SKS 86Y : NBA/MSG16014003/Y ; DOA : 26/07/2016                         | <b>STAGE</b>                                                                       |
|                                                                                                                                                          | YP 2485R : X                                                           | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                          |                                                                        | 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:                                                                      |
|                                                                                                                                                          |                                                                        | Confirm by: <b>LWP</b>                                                             |
| Repair Cost:                                                                                                                                             | <b>L/S</b> S\$ <b>4,000.00</b> ( <b>6</b> days) Reduction: <b>71</b> % | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                  | Date/Time: <b>27.05.21</b> Confirm with <b>JANET</b>                   | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Final Liability:                                                                                                                                         | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>             | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost:                                                                                                                                             | S\$ <b>4,000.00</b>                                                    | <b>OID REVERSED AND HIT TP PARKED VEH</b>                                          |
| Loss of Rental (LOR):                                                                                                                                    | S\$ <b>960.00</b> ( days)                                              |                                                                                    |
| Loss of Use (LOU):                                                                                                                                       | S\$ <b>-</b> (\$ x days)                                               |                                                                                    |
| Loss of Income (LOI):                                                                                                                                    | S\$ <b>-</b> (\$ x days)                                               |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                                        |                                                                                    |
| GIA/LTA Search                                                                                                                                           | S\$ <b>-</b>                                                           |                                                                                    |
| Medical:                                                                                                                                                 | S\$ <b>-</b>                                                           | 1) Claim status: Normal/ <del>Reject/Private Settle</del>                          |
| Disbursement:                                                                                                                                            | S\$ <b>-</b> (e.g. Tow/ Independent )                                  | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost                                                                                                                                               | S\$ <b>-</b>                                                           | 3) Survey fee: <b>\$400</b>                                                        |
| <b>Total:</b>                                                                                                                                            | <b>S\$ 4,960.00</b>                                                    | <b>Global Sum S\$:</b>                                                             |
| <b>FINAL PAYMENT</b>                                                                                                                                     | Date/Time: <b>27.05.21</b> Confirm with: <b>JANET</b>                  | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1:                                                                                                                                                 | S\$ <b>4,960.00</b> Name 1: <b>YSK AUTO WORKSHOP</b>                   |                                                                                    |
| Payee 2: (Strike if N.A.)                                                                                                                                | S\$ Name 2:                                                            |                                                                                    |
| Payee 3: (Strike if N.A.)                                                                                                                                | S\$ Name 3:                                                            |                                                                                    |