

**ASSIGNMENT**

Surveyor:

**Adrian**

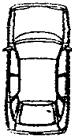
DOI:

**25/01/2021**

Date / Time :

**18/01/2021**

Registered in Merimen:

**18/01/2021****Pre-assign / CCU / FTE**

Insured Vehicle No. : **SDE 8380B**  
 Name of Insured : **BANK OF SINGAPORE LIMITED**

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

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

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

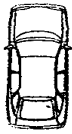
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **15/01/2021**

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** / NO

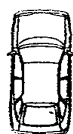
Driver Tel No. :

(V/L: **YES** / NO )Insured Liability : % **Final ? Yes / No****SKA 5864E**

INSRS:  
WSP: **MODERN**  
Tel : **AUTOMOTIVE**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SKA 5864E : NA/INC16021938/s4 ; DOA : 16/11/2016<br>SDE 8380B : 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>                                               |
|                                                                                |                                                                   |                                                       | Notification ltr (if non-pickup)          | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | After call ltr to OI:                     | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Authorisation To Act:                     | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Release Voucher:                          | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Final Repair Bill:                        | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Car Rental Invoice:                       | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Towing Invoice                            | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | LTA / GIA :                               | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Medical Bill:                             | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | PIR:                                      | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Mandate/Reject Instruction:               | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | LOD                                       | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Payment Breakdown Form:                   | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Post-Repair Photos:                       | <input type="checkbox"/>                                     |
|                                                                                |                                                                   |                                                       | Others:                                   | <input type="checkbox"/>                                     |
| <b>PRELIMINARY ADVICE</b>                                                      | Date/Time:                                                        | Sent By:                                              |                                           |                                                              |
| <b>FINALIZATION</b>                                                            | Date/Time:                                                        | Confirm with:                                         | Confirm by:                               |                                                              |
| Repair Cost: <b>L/S</b>                                                        | S\$ <b>\$2,200.00</b>                                             | ( <b>2</b> days) Reduction: <b>\$2,167.48</b>         | % <b>50</b>                               | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: 21/04/2021                                             | Confirm with <b>GRACE</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>2,354.00</b>                                               | <b>W/GST</b>                                          |                                           |                                                              |
| Loss of Rental (LOR):                                                          | S\$ <b>480.00</b>                                                 | ( <b>4</b> days) x <b>\$120.00</b>                    |                                           |                                                              |
| Loss of Use (LOU):                                                             | S\$ (\$ x days)                                                   |                                                       |                                           |                                                              |
| Loss of Income (LOI):                                                          | S\$ (\$ x days)                                                   |                                                       |                                           |                                                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/>                                | LOR + LO <input type="checkbox"/>                     | <b>[Tick only one]</b>                    |                                                              |
| GIA/LTA Search                                                                 | S\$ <b>2.00</b>                                                   |                                                       |                                           |                                                              |
| Medical:                                                                       | S\$                                                               | 1) Claim status: <b>Normal</b> /Reject/Private 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>                                                                  | <b>S\$ 2,836.00</b>                                               | <b>Global Sum S\$:</b>                                |                                           |                                                              |
| <b>FINAL PAYMENT</b>                                                           | Date/Time:                                                        | Confirm with:                                         | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/>                                |
| Payee 1:                                                                       | S\$ <b>2,836.00</b>                                               | Name 1:                                               | <b>MODERN AUTOMOTIVE PTE LTD</b>          |                                                              |
| Payee 2: (Strike if N.A.)                                                      | S\$                                                               | Name 2:                                               |                                           |                                                              |
| Payee 3: (Strike if N.A.)                                                      | S\$                                                               | Name 3:                                               |                                           |                                                              |