

**ASSIGNMENT**

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

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

Date / Time : **18/01/2021**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBA 9238T**

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **15/01/2020**

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****SMW 5632T**INSRS:  
WSP: **Wega**  
Tel : **Engineering**  
Liability : **Pte Ltd**  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SMW 5632T - X                                                                   | GBA 9238T - 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"/> <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>L/S</b>                                                                                                                                              | S\$ <b>\$3,300.00</b> ( <b>3</b> days) Reduction: <b>\$6,032.24</b> % <b>65</b> | Email <input type="checkbox"/> Call <input type="checkbox"/> |                                                                         |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: 21/04/2021                                                           | Confirm with <b>SIN GUAN</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>3,531.00</b> <b>W/GST</b>                                                |                                                              |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ _____ ( _____ days)                                                         |                                                              |                                                                         |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>240.00</b> (\$ <b>80</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>7.45</b>                                                                 |                                                              |                                                                         |                                                   |
| Medical:                                                                                                                                                             | S\$ _____                                                                       | 1) Claim status: <b>Normal/Reject/Private Settle</b>         |                                                                         |                                                   |
| Disbursement:                                                                                                                                                        | S\$ _____ (e.g. Tow/ Independent )                                              | 2) Report Format: <b>TP</b>                                  |                                                                         |                                                   |
| Legal Cost                                                                                                                                                           | S\$ _____                                                                       | 3) Survey fee: <b>\$400.00</b>                               |                                                                         |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>3,778.45</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>3,778.45</b>                                                             | Name 1:                                                      | <b>WEGA ENGINEERING PTE LTD</b>                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____                                                                       | Name 2:                                                      |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____                                                                       | Name 3:                                                      |                                                                         |                                                   |