

**ASSIGNMENT**

Surveyor:

**Taufikh**

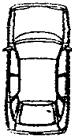
DOI:

**26/01/2021**

Date / Time :

**26/01/2021**

Registered in Merimen:

**26/01/2021****Pre-assign / CCU / FTE**

Insured Vehicle No. : **SKT 9989C**  
 Name of Insured : **SING TECK LEONG MARKETING AND RESOURCES PRIVATE LIMITED**

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

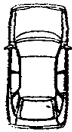
Policy No. : \_\_\_\_\_

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

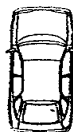
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **25/01/2021**

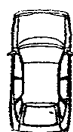
Place of Accident : \_\_\_\_\_

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****SLW 3044R**

INSRS:  
WSP: **BLACK EAGLE**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SLW 3044R : X ; SKT 9989C : 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>\$4,200.00</b>              | ( <b>6</b> days) Reduction: <b>\$7,053.60 % 63</b> | Email <input type="checkbox"/>                        | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>14/08/2021</b>       | Confirm with <b>CELINE</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 : 0%                          |                               |
| Repair Cost:                                                                   | S\$ <b>4,200.00</b>                |                                                    |                                                       |                               |
| Loss of Rental (LOR):                                                          | S\$ <b>600.00</b>                  | ( <b>6</b> days) X \$100.00                        | C.C (OI 2ND)                                          |                               |
| 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"/> [Tick only one]  |                                                       |                               |
| GIA/LTA Search                                                                 | S\$ <b>7.45</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>                                                                  | S\$ <b>4,807.45</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>4,807.45</b>                | Name 1:                                            | <b>BLACK EAGLE AUTO PTE LTD</b>                       |                               |
| Payee 2: (Strike if N.A.)                                                      | S\$                                | Name 2:                                            |                                                       |                               |
| Payee 3: (Strike if N.A.)                                                      | S\$                                | Name 3:                                            |                                                       |                               |