

**ASSIGNMENT**

Surveyor: \_\_\_\_\_ DOI: \_\_\_\_\_ Date / Time : 04/02/2021  
 Registered in Merimen: 04/02/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMF 7703Z Claim No. : \_\_\_\_\_  
 Name of Insured : NG CHIA LIANG BENJAMIN (HUANG JIALIANG BENJAMIN) Policy No. : 1900096745  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : Audi Q7  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 03/02/2021 16:45 Place of Accident : 252 North Bridge Rd, Singapore 179103  
 Is driver the owner? ( YES / NO ) Nature of Accident : CARPARK BASEMENT 2 LOT 2337

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**

SJY 3385U →



INSRS:  
WSP: **TEAM**  
Tel : **AUTOPRO**  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SJY 3385U NA/AIG21001665/h4 ; 03/02/2021</u>	Non-Reporting ltr (1st):	
	<u>SMF 7703Z NBA/CTI21001685/Y ; 03/02/2021</u>	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"/>
		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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>L/SUM</b> S\$ <b>7,950.00</b> ( <b>8</b> days) Reduction: <b>55</b> %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <b>12/06/2023</b> Confirm with <b>Adel</b>		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <b>85</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>		If NO or B 28, Ass. Lia :	
Repair Cost: <b>8,506.50</b> S\$ <b>7,230.53</b> <b>7%GST</b>			
Loss of Rental (LOR) <b>642.00</b> S\$ <b>545.70</b> ( <b>6</b> days) <b>X \$100 + 7%GST</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 + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ <b>7.45</b>			
Medical: S\$		1) Claim status: Normal/ <del>Reject/Private Sec'd</del>	
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>7,783.68</b> <b>Global Sum S\$: 7,780.00</b>			
<b>FINAL PAYMENT</b> Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <b>7,780.00</b> Name 1: <b>Team Autopro Pte Ltd</b>			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			