

**ASSIGNMENT**

Surveyor: Marcus

DOI: 10/05/2021

Date / Time : 10/05/2021

Registered in Merimen: 10/05/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBJ 5730S  
 Name of Insured : DONG YI CONSTRUCTION PTE LTD  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 06/05/2021

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : PIE TOWARDS SIMS AVENUE EXIT

Is driver the owner? ( YES /  NO ) Nature of Accident : \_\_\_\_\_

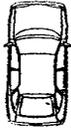
If NO, Driver Name / Age : \_\_\_\_\_

OI GIA REPORT:  YES / NO ; TP GIA REPORT:  YES / NO

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : \_\_\_\_\_ % **Final ? Yes / No**

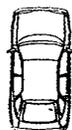
**SDU 1123P**



INSRS:  
 WSP: ZOOM  
 Tel : AUTOWERKS  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INSRS:  
 WSP: \_\_\_\_\_  
 Tel : \_\_\_\_\_  
 Liability : \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time		STAGE	DATE / PIC
	SDU 1123P : GBJ 5730S : <u>NA/AIG21005599/r3 ; DOA : 06/05/2021</u>	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	- Please check / verify OID DL	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"/>
	TPV: LEXUS ES300H - 2487cc	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"/>
<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:	_____
Repair Cost: <b>LIMIT</b>	S\$ <b>\$36,300.00</b> ( 25 days) Reduction: \$27,985.94 % 44	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>16/03/2022</u> Confirm with <u>ELIN</u>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia :	100%
Repair Cost:	S\$ 31,000.00 (AIG INSTRUCTION)		
Loss of Rental (LOR):	S\$ 2,500.00 ( 25 days) x \$100.00		
Loss of Use (LOU):	S\$ (\$ x days)	C.C (OI LAST)	
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\$ 7.45		
Medical:	S\$ _____	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle	
Disbursement:	S\$ 80.00 (e.g. <input checked="" type="checkbox"/> Tow/ Independent )	2) Report Format: TP	
Legal Cost	S\$ _____	3) Survey fee: \$320.00	
<b>Total:</b>	S\$ 33,587.45 <b>Global Sum S\$: 38,000.00</b>	<b>(AIG INSTRUCTION)</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 38,000.00 Name 1: Zoom Autowerks Pte Ltd		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		