

**ASSIGNMENT**Surveyor: NAZDOI: 09/06/2021Date / Time : 09/06/2021Registered in Merimen: 09/06/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SLZ 3017DClaim No. : 5227294280SGName of Insured : Png Siew HoonPolicy No. : 1800045889

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

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

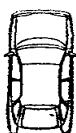
Excess Sec II :\$ \_\_\_\_\_ D.O.A : 07/06/2021 18:50Place of Accident : Braddell View, Singapore

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

If NO, Driver Name / Age : CHUA TUAN FONG

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

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

Insured Liability : % **Final ? Yes / No****SLE 5502S**INSRS:  
WSP: AP Automotive  
Services Pte Ltd.  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date/ Time                                                                                                                                                           |                                                                   | STAGE                                                                   | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <b>SLE 5502S - CC4/AIG21004222/T1ga3 ; 29/03/2021</b>             | Non-Reporting ltr (1st):                                                |                                                   |
|                                                                                                                                                                      | <b>NA/INC21004072/r3 ; 29/03/2021</b>                             | Non-Reporting ltr (2nd):                                                |                                                   |
|                                                                                                                                                                      | <b>SLZ 3017D - X</b>                                              | 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"/> |
| <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: <u>L/SUM</u>                                                                                                                                            | S\$ <u>6,400.00</u> ( <u>4</u> days) Reduction: <u>63</u> %       | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>08/11/2022</u> Confirm with <u>Marcus</u>           | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u>         | If NO or B 28, Ass. Lia :                                               |                                                   |
| Repair Cost: <u>w/GST</u>                                                                                                                                            | S\$ <u>6,848.00</u>                                               |                                                                         |                                                   |
| Loss of Rental (LOR) <u>w/GST</u>                                                                                                                                    | S\$ <u>428.00</u> ( <u>4</u> days) <u>X \$100</u>                 |                                                                         |                                                   |
| 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\$ <u>7.45</u>                                                   |                                                                         |                                                   |
| Medical:                                                                                                                                                             | S\$                                                               | 1) Claim status: Normal/Reject/Private Settle                           |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                      | 2) Report Format: <u>TP</u>                                             |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                               | 3) Survey fee: <u>\$320.00</u>                                          |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>7,283.45</u> <b>Global Sum S\$:</b> <u>7,280.00</u>        |                                                                         |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                              | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | S\$ <u>7,280.00</u> Name 1: <u>AP Automotive Services Pte Ltd</u> |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                       |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                       |                                                                         |                                                   |