

**ASSIGNMENT**Surveyor: ADRIANDOI: 12/08/2021Date / Time : 12/08/2021Registered in Merimen: 12/08/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBK 4353Z

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 10/08/2021

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 / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

Final ? Yes / No

SMW 1875KINSRS:  
WSP: SK AUTOMOBILE  
Tel : PTE LTD  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SMW 1875K - X                           | GBK 4353Z - X                | STAGE                                         | DATE / PIC                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------|-----------------------------------------------|-------------------------------|
|                                                                                                                                                                      |                                         |                              | Non-Reporting ltr (1st):                      |                               |
|                                                                                                                                                                      |                                         |                              | Non-Reporting ltr (2nd):                      |                               |
|                                                                                                                                                                      |                                         |                              | Non-Reporting ltr (Final):                    |                               |
|                                                                                                                                                                      |                                         |                              | Notification ltr (if non-pickup):             |                               |
| <u>27/01/2022</u>                                                                                                                                                    | <u>Pls refer to VIEWS for details.</u>  |                              | 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"/>      |
|                                                                                                                                                                      |                                         |                              | 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: <u>P/P</u> S\$ <u>12,375.38</u> ( <u>8</u> days) Reduction: <u>55</u> %                                                                                 |                                         |                              | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: <u>27/01/2022</u> Confirm with <u>Wendy</u>                                                                                       |                                         |                              | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>                                                                                          |                                         |                              | If NO or B 28, Ass. Lia :                     |                               |
| Repair Cost: <u>w/GST</u> S\$ <u>13,241.66</u>                                                                                                                       |                                         |                              |                                               |                               |
| Loss of Rental (LOR) <u>w/GST</u> S\$ <u>963.00</u> ( <u>9</u> days) x\$100                                                                                          |                                         |                              |                                               |                               |
| 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>\$600.00</u>                |                               |
| <b>Total:</b> S\$ <u>14,212.11</u>                                                                                                                                   | <b>Global Sum S\$:</b> <u>14,200.00</u> |                              |                                               |                               |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                      | Confirm with:                           |                              | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Payee 1: S\$ <u>14,200.00</u>                                                                                                                                        | Name 1:                                 | <u>SK AUTOMOBILE PTE LTD</u> |                                               |                               |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        | Name 2:                                 |                              |                                               |                               |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        | Name 3:                                 |                              |                                               |                               |