

ASSIGNMENTSurveyor: ADRIANDOI: 16/08/2021Date / Time : 16/08/2021

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : CB 7875A

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 10/08/2021 17:15

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 799DINSRS:  
WSP: HUA MENG  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SMW 799D - X                 | CB 7875A - 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> <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"/> |
|                                                                                                                                                                      |                              |                                                           | Post-Repair Photos:                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                              |                                                           | Others:                                   | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                   | Sent By:                                                  |                                           |                                                   |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                   | Confirm with:                                             | Confirm by:                               |                                                   |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>9,000.00</b>          | ( <b>4</b> days) Reduction: <b>60</b> %                   | Email <input type="checkbox"/>            | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>03/01/2022</b> | Confirm with <b>JING YEE</b>                              | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/>                     |
| Final Liability:                                                                                                                                                     | % <b>100</b>                 | (Agreed / Assessed) BOLA S/N No. : <b>NIL</b>             | If NO or B 28, Ass. Lia :                 |                                                   |
| Repair Cost:                                                                                                                                                         | S\$ <b>9,000.00</b>          |                                                           |                                           |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>480.00</b>            | ( <b>4</b> days) x \$120.00                               |                                           |                                                   |
| 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 Settle</del> |                                           |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent ) | 2) Report Format: <b>TP</b>                               |                                           |                                                   |
| Legal Cost                                                                                                                                                           | S\$                          | 3) Survey fee: <b>400.00</b>                              |                                           |                                                   |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 9,487.45</b>          | <b>Global Sum S\$:</b>                                    |                                           |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                   | Confirm with:                                             | Email <input type="checkbox"/>            | Call <input type="checkbox"/>                     |
| Payee 1:                                                                                                                                                             | S\$ <b>9,487.45</b>          | Name 1:                                                   | <b>HUA MENG SPRAY PAINTING WORKSHOP</b>   |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                          | Name 2:                                                   |                                           |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                          | Name 3:                                                   |                                           |                                                   |