

**ASSIGNMENT**

Surveyor:

**Adrian**

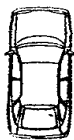
DOI:

**27/09/2021**

Date / Time :

**29/09/2021**

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLV 7794M**

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

Name of Insured : **TIANG SOO HUA**

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **25/09/2021**

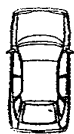
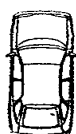
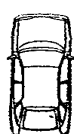
Place of Accident : \_\_\_\_\_

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****SLD 2656G**INSRS:  
WSP: ADVANCE AUTO  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                       |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | SLD 2656G : CS/MSG21002666/AGqf3n2 ; DOA : 26/02/2021 | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | SLV 7794M : X                                         | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                       | 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: 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"/>            |
|                                                                                                                                                                     |                                                       | 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:                                                                      |
| Repair Cost: <b>L/S</b> S\$ <b>7,800.00</b> ( <b>7</b> days) Reduction: <b>56</b> %                                                                                 |                                                       | Confirm by: <b>LWP</b>                                                             |
|                                                                                                                                                                     |                                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time: <b>08.03.22</b>                            | Confirm with <b>XAVIER</b>                                                         |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>                                                                                          |                                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Repair Cost: S\$ <b>7,800.00</b>                                                                                                                                    |                                                       | <b>OI REAR ENDED TP</b>                                                            |
| Loss of Rental (LOR): S\$ <b>1,080.00</b> ( <b>6</b> days) x \$180                                                                                                  |                                                       |                                                                                    |
| Loss of Use (LOU): S\$ <b>-</b> (\$ x days)                                                                                                                         |                                                       |                                                                                    |
| Loss of Income (LOI): S\$ <b>-</b> (\$ 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\$ <b>-</b>                                                                                                                                         |                                                       |                                                                                    |
| Medical: S\$ <b>-</b>                                                                                                                                               |                                                       | 1) Claim status: Normal/Reject/Private Settle                                      |
| Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )                                                                                                                 |                                                       | 2) Report Format: <b>TP</b>                                                        |
| Legal Cost S\$ <b>-</b>                                                                                                                                             |                                                       | 3) Survey fee: <b>\$400</b>                                                        |
| <b>Total:</b> S\$ <b>8,880.00</b>                                                                                                                                   | <b>Global Sum S\$:</b>                                |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time: <b>08.03.22</b>                            | Confirm with: <b>XAVIER</b>                                                        |
| Payee 1: S\$ <b>8,880.00</b>                                                                                                                                        | Name 1: <b>ADVANCE AUTO GARAGE</b>                    | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                       | Name 2:                                               |                                                                                    |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                       | Name 3:                                               |                                                                                    |