

**ASSIGNMENT**Surveyor: AdrianDOI: 27/09/2021Date / Time : 29/09/2021Registered 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 / NODriver 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: S\$                                                                                                                                         | ( _____ days) Reduction: _____ %                      | Confirm by:                                                                        |
|                                                                                                                                                          |                                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                  | Date/Time:                                            | Confirm with                                                                       |
| Final Liability: %                                                                                                                                       | (Agreed / Assessed) BOLA S/N No. :                    | Email <input type="checkbox"/> Cal <input type="checkbox"/>                        |
| Repair Cost: S\$                                                                                                                                         |                                                       | If NO or B 28, Ass. Lia :                                                          |
| Loss of Rental (LOR): S\$                                                                                                                                | ( _____ days)                                         |                                                                                    |
| Loss of Use (LOU): S\$                                                                                                                                   | ( \$ _____ x _____ days)                              |                                                                                    |
| Loss of Income (LOI): S\$                                                                                                                                | ( \$ _____ x _____ days)                              |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                       |                                                                                    |
| GIA/LTA Search S\$                                                                                                                                       |                                                       |                                                                                    |
| Medical: S\$                                                                                                                                             |                                                       | 1) Claim status: Normal/Reject/Private Settle                                      |
| Disbursement: S\$                                                                                                                                        | (e.g. Tow/ Independent )                              | 2) Report Format:                                                                  |
| Legal Cost S\$                                                                                                                                           |                                                       | 3) Survey fee:                                                                     |
| <b>Total: S\$</b>                                                                                                                                        | <b>Global Sum S\$:</b>                                |                                                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                     | Date/Time:                                            | Confirm with:                                                                      |
|                                                                                                                                                          |                                                       | Email <input type="checkbox"/> Cal <input type="checkbox"/>                        |
| Payee 1: S\$                                                                                                                                             | Name 1:                                               |                                                                                    |
| Payee 2: (Strike if N.A.) S\$                                                                                                                            | Name 2:                                               |                                                                                    |
| Payee 3: (Strike if N.A.) S\$                                                                                                                            | Name 3:                                               |                                                                                    |