

**ASSIGNMENT**

Surveyor:

**Marcus**

DOI:

**15/10/2021**

Date / Time :

**08/10/2021**

Registered in Merimen:

**08/10/2021****Pre-assign / CCU / FTE**

Insured Vehicle No. : **GBJ 7305Z**  
 Name of Insured : **ROLLMAC EQUIPMENTS PTE LTD**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **07/10/2021**

Claim No. : \_\_\_\_\_  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : **KAKI BUKIT ROAD 1**

Is driver the owner? ( YES / **NO** ) Nature of Accident :If **NO**, Driver Name / Age :

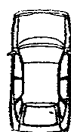
Driver Tel No. :

(V/L: **YES** / NO )OI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NOInsured Liability : % **Final ? Yes / No****SLJ 9800D**

INSRS:  
WSP: **SPECIALISTS**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SLJ 9800D : X ; GBJ 7305Z : 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:                                                   |                          |
|                                                                                |                                                                                      |                                          | Documentation Check List: Handler Typist                                |                          |
|                                                                                |                                                                                      |                                          | 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: P/P                                                               | S\$ <b>\$6,785.00</b> ( 4 days) Reduction: <b>\$2,611.60</b> % <b>28</b>             |                                          | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>19/05/2022</b>                                                         | Confirm with <b>IRENE</b>                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                               | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>22</b>                            |                                          | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost:                                                                   | S\$ <b>7,259.95</b> W/GST                                                            |                                          |                                                                         |                          |
| Loss of Rental (LOR):                                                          | S\$ ( days)                                                                          |                                          |                                                                         |                          |
| Loss of Use (LOU):                                                             | S\$ <b>600.00</b> (\$ <b>120</b> x <b>5</b> days)                                    |                                          |                                                                         |                          |
| Loss of Income (LOI):                                                          | S\$ (\$ x days)                                                                      |                                          |                                                                         |                          |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> | LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                          |                                                                         |                          |
| GIA/LTA Search                                                                 | S\$ <b>2.00</b>                                                                      |                                          |                                                                         |                          |
| Medical:                                                                       | S\$                                                                                  |                                          | 1) Claim status: <b>Normal</b> /Reject/Private Settle                   |                          |
| Disbursement:                                                                  | S\$ (e.g. Tow/ Independent )                                                         |                                          | 2) Report Format: <b>TP</b>                                             |                          |
| Legal Cost                                                                     | S\$                                                                                  |                                          | 3) Survey fee: <b>\$320.00</b>                                          |                          |
| <b>Total:</b>                                                                  | <b>S\$ 7,861.95</b>                                                                  | <b>Global Sum S\$: 7,800.00</b>          |                                                                         |                          |
| <b>FINAL PAYMENT</b>                                                           | Date/Time:                                                                           | Confirm with:                            | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Payee 1:                                                                       | S\$ <b>7,800.00</b>                                                                  | Name 1: <b>SPECIALISTS MOTOR PTE LTD</b> |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                      | S\$                                                                                  | Name 2:                                  |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                      | S\$                                                                                  | Name 3:                                  |                                                                         |                          |