

**ASSIGNMENT**

Surveyor:

**Kenneth**

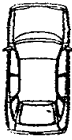
DOI:

**13/10/2021**

Date / Time :

**13/10/2021**

Registered in Merimen:

**13/10/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLJ 6974E**

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

Name of Insured : **ONG SOO CHIN**

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **12/10/2021**

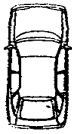
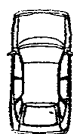
Place of Accident : \_\_\_\_\_

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****SKS 1206L**INSRS:  
WSP: **WEI LEE**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                          |                                                             |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                                     | <b>SKS 1206L : X</b>                                        | <b>STAGE</b>                                                                       |
|                                                                                                                                                                     | <b>SLJ 6974E : NA/INC17016549/h4 ; DOA : 24/08/2017</b>     | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (1st):                                                           |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (2nd):                                                           |
|                                                                                                                                                                     |                                                             | Non-Reporting ltr (Final):                                                         |
|                                                                                                                                                                     |                                                             | Notification ltr (if non-pickup):                                                  |
|                                                                                                                                                                     |                                                             | Call OI:                                                                           |
| <b>02/11/2021</b>                                                                                                                                                   | <b>Pls refer to VIEWS for details.</b>                      | 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/sum</b>                                                                                                                                           | S\$ <b>7,850.00</b> ( <b>6</b> days) Reduction: <b>50</b> % | Confirm by:                                                                        |
|                                                                                                                                                                     |                                                             | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                             | Date/Time <b>02/11/2021</b>                                 | Confirm with <b>Karen</b>                                                          |
|                                                                                                                                                                     |                                                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                                                                                                                    | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>4b</b>   | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <b>w/GST</b>                                                                                                                                           | S\$ <b>8,399.50</b>                                         |                                                                                    |
| Loss of Rental (LOR):                                                                                                                                               | S\$ ( days)                                                 |                                                                                    |
| Loss of Use (LOU):                                                                                                                                                  | S\$ <b>300.00</b> (\$ <b>60</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>7.45</b>                                             |                                                                                    |
| Medical:                                                                                                                                                            | S\$                                                         | 1) Claim status: Normal/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>                                                                                                                                                       | S\$ <b>8,706.95</b>                                         | <b>Global Sum S\$: 8,700.00</b>                                                    |
| <b>FINAL PAYMENT</b>                                                                                                                                                | Date/Time:                                                  | Confirm with:                                                                      |
|                                                                                                                                                                     |                                                             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                            | S\$ <b>8,700.00</b>                                         | Name 1: <b>Wei Lee Motor Works</b>                                                 |
| Payee 2: (Strike if N.A.)                                                                                                                                           | S\$                                                         | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                                                                                                           | S\$                                                         | Name 3:                                                                            |