

ASSIGNMENTSurveyor: STEVEDOI: 15/11/2021Date / Time : 12/11/2021Registered in Merimen: 12/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SFU 3398BClaim No. : 9975602357SG

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

Policy No. : 2070067117

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

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

**Excess Sec II :S\$**D.O.A : 10/11/2021 21:50Place of Accident : North Bridge Rd, Singapore

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**SHA 242TINSRS:  
WSP: Ding Automotive  
Tel : Pte Ltd  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                        | SHA 242T - X                      | SFU 3398B - 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>                |
|                                   |                                   |                                                           | 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"/>      |
|                                   |                                   |                                                           | Post-Repair Photos:                                           | <input type="checkbox"/>      |
|                                   |                                   |                                                           | Others:                                                       | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>         | Date/Time:                        | Sent By:                                                  |                                                               |                               |
| <b>FINALIZATION</b>               | Date/Time:                        | Confirm with:                                             | Confirm by: <u>CTY</u>                                        |                               |
| Repair Cost: <u>L/S</u>           | S\$ <u>1,250.00</u>               | ( <u>2</u> days) Reduction: <u>74</u> %                   | Email <input type="checkbox"/>                                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>           | Date/Time: <u>22.03.22</u>        | Confirm with <u>RENA</u>                                  | Email <input type="checkbox"/>                                | Call <input type="checkbox"/> |
| Final Liability:                  | % <u>100</u>                      | (Agreed / Assessed) BOLA S/N No. : <u>27</u>              | If NO or B 28, Ass. Lia :                                     |                               |
| Repair Cost: <u>w/GST</u>         | S\$ <u>1,337.50</u>               | <b>OID REAR ENDED TP</b>                                  |                                                               |                               |
| Loss of Rental (LOR):             | S\$ <u>161.15</u>                 | ( <u>1.5</u> days) x \$107.43                             |                                                               |                               |
| Loss of Use (LOU):                | S\$ <u>-</u>                      | ( \$ x days)                                              |                                                               |                               |
| Loss of Income (LOI):             | S\$ <u>75.00</u>                  | ( \$ <u>50</u> x <u>1.5</u> days)                         |                                                               |                               |
| LOR only <input type="checkbox"/> | LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/>                        | LOR + LOI <input checked="" type="checkbox"/> [Tick only one] |                               |
| GIA/LTA Search                    | S\$ <u>2.00</u>                   |                                                           |                                                               |                               |
| Medical:                          | S\$ <u>-</u>                      | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                                               |                               |
| Disbursement:                     | S\$ <u>-</u>                      | (e.g. Tow/ Independent )                                  | 2) Report Format: <u>TP</u>                                   |                               |
| Legal Cost                        | S\$ <u>-</u>                      | 3) Survey fee: <u>\$320</u>                               |                                                               |                               |
| <b>Total:</b>                     | S\$ <u>1,575.65</u>               | <b>Global Sum S\$:</b> <u>1,570.00</u>                    |                                                               |                               |
| <b>FINAL PAYMENT</b>              | Date/Time: <u>22.03.22</u>        | Confirm with: <u>SHIJIE</u>                               | Email <input type="checkbox"/>                                | Call <input type="checkbox"/> |
| Payee 1:                          | S\$ <u>1,570.00</u>               | Name 1:                                                   | <u>DING AUTOMOTIVE PTE LTD</u>                                |                               |
| Payee 2: (Strike if N.A.)         | S\$                               | Name 2:                                                   |                                                               |                               |
| Payee 3: (Strike if N.A.)         | S\$                               | Name 3:                                                   |                                                               |                               |