

**ASSIGNMENT**

Surveyor: **ADRIAN** DOI: \_\_\_\_\_ Date / Time : \_\_\_\_\_  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SJK 1702A** Claim No. : **SNM21D206612**  
 Name of Insured : \_\_\_\_\_ Policy No. : **DMPCSNW00066712101**  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **15/11/2021** 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**

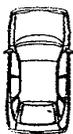
**SLM 5344P**



INSRS:  
 WSP: **J-MART MOTOR**  
 Tel : **PTE LTD**  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

Date/ Time		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: Handler Typist</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:	
Repair Cost: <b>L/SUM</b>	S\$ <b>5,500.00</b> ( <b>6</b> days) Reduction: <b>39</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>07/06/2023</b> Confirm with <b>Angie</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>7%GST</b>	S\$ <b>5,885.00</b>		
Loss of Rental (LOR):	S\$ <b>700.00</b> ( <b>7</b> days) <b>X \$100</b>		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$		
Medical:	S\$	1) Claim status: Normal/Reject/Private Sec'd	
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format:	<b>TP</b>
Legal Cost	S\$	3) Survey fee:	<b>\$400.00</b>
<b>Total:</b>	<b>S\$ 6,585.00</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b>	Date/Time: _____ Confirm with: _____	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>6,585.00</b> Name 1: <b>J-MART MOTOR PTE LTD</b>		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		