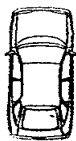


**ASSIGNMENT**Surveyor: **KENNETH**DOI: **30/11/2021**Date / Time : **29/11/2021**Registered in Merimen: **29/11/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMD 7074R**Claim No. : **8766218170SG**Name of Insured : **Yap Teck Hoe**Policy No. : **2070114859**

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **26/11/2021 14:30**Place of Accident : **SLE, Singapore**

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

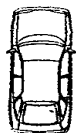
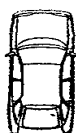
If **NO**, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****SJM 8545E**INSRS:  
WSP: **CARIS**  
Tel : **AUTOWORKS**  
Liability : **PTE LTD**  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SJM 8545E - X                                    | SMD 7074R - 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>           |
|                                                                                                                                                                      |                                                  |                                              |                                                                         | <b>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"/> |
| <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: <b>L/sum</b>                                                                                                                                            | S\$ <b>2,450.00</b>                              | ( <b>5</b> days) Reduction: <b>41</b> %      | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>18/03/2022</b>                     | Confirm with <b>Sheri</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:                                                                                                                                                         | S\$ <b>2,450.00</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 + LOI <input type="checkbox"/> [Tick only one] |                                                  |                                              |                                                                         |                          |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>7.45</b>                                  |                                              |                                                                         |                          |
| Medical:                                                                                                                                                             | S\$                                              |                                              | 1) Claim status: Normal/ <del>Reject Private Sec</del>                  |                          |
| 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>2,757.45</b>                              | <b>Global Sum S\$:</b>                       |                                                                         |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                       | Confirm with:                                | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Payee 1:                                                                                                                                                             | S\$ <b>2,757.45</b>                              | Name 1: <b>Caris Autoworks Pte Ltd</b>       |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 2:                                      |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 3:                                      |                                                                         |                          |