

**ASSIGNMENT**

Surveyor:

**Thevan**

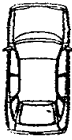
DOI:

**06/12/2021**

Date / Time :

**30/11/2021**

Registered in Merimen:

**30/11/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMV 2220Z**

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

Name of Insured : **CHIA PECK HUAN**

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

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

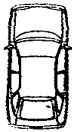
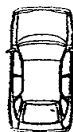
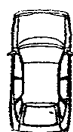
Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **30/11/2021**

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****SHB 8344A**INSRS:  
WSP: **PREMIER**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                               |                                                       |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                                                                                          | SHB 8344A : CC4/AIG21009297/Vrs3q2 ; DOA : 01/09/2021 | <b>STAGE</b>                                                                       |
|                                                                                                                                                          | SMV 2220Z : X                                         | <b>DATE / PIC</b>                                                                  |
|                                                                                                                                                          |                                                       | 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"/> <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:                                                                                                                                             | S\$ ( days) Reduction: %                              | Confirm by:                                                                        |
|                                                                                                                                                          |                                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| <b>FINAL SETTLEMENT</b>                                                                                                                                  | Date/Time:                                            | Confirm with:                                                                      |
| Final Liability:                                                                                                                                         | % (Agreed / Assessed) BOLA S/N No. :                  | Email <input type="checkbox"/> Cal <input type="checkbox"/>                        |
| Repair Cost:                                                                                                                                             | S\$                                                   | If NO or B 28, Ass. Lia :                                                          |
| Loss of Rental (LOR):                                                                                                                                    | S\$ ( days)                                           |                                                                                    |
| Loss of Use (LOU):                                                                                                                                       | S\$ (\$ x days)                                       |                                                                                    |
| Loss of Income (LOI):                                                                                                                                    | S\$ (\$ x days)                                       |                                                                                    |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one] |                                                       |                                                                                    |
| GIA/LTA Search                                                                                                                                           | S\$                                                   |                                                                                    |
| Medical:                                                                                                                                                 | S\$                                                   | 1) Claim status: Normal/Reject/Private Settle                                      |
| Disbursement:                                                                                                                                            | S\$ (e.g. Tow/ Independent )                          | 2) Report Format:                                                                  |
| Legal Cost                                                                                                                                               | S\$                                                   | 3) Survey fee:                                                                     |
| <b>Total:</b>                                                                                                                                            | <b>S\$</b>                                            | <b>Global Sum S\$:</b>                                                             |
| <b>FINAL PAYMENT</b>                                                                                                                                     | Date/Time:                                            | Confirm with:                                                                      |
|                                                                                                                                                          |                                                       | Email <input type="checkbox"/> Cal <input type="checkbox"/>                        |
| Payee 1:                                                                                                                                                 | S\$                                                   | Name 1:                                                                            |
| Payee 2: (Strike if N.A.)                                                                                                                                | S\$                                                   | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                                                                                                | S\$                                                   | Name 3:                                                                            |