

ASSIGNMENTSurveyor: LIMDOI: 13/12/2021Date / Time : 13/12/2021Registered in Merimen: 13/12/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SKB 1218SClaim No. : 1375591016SG

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

Policy No. : 2070167989

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

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

**Excess Sec II :S\$**D.O.A : 11/12/2021 14:50

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

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

If NO, Driver Name / Age :

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

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

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No**SMC 9425DINSRS: **TEAM**  
WSP: **AUTOPRO**  
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                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------|-----------------------------------------------|-------------------------------|
|                                                                                                                                                                      | <b>SMC 9425D - X</b>                   | <b>SKB 1218S - X</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:</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: <u>L/sum</u> S\$ <u>2,050.00</u> ( <u>6</u> days) Reduction: <u>81</u> %                                                                                |                                        |                             | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: <u>14/03/2022</u> Confirm with <u>Adel</u>                                                                                        |                                        |                             | Email <input checked="" 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>2,193.50</u>                                                                                                                        |                                        |                             |                                               |                               |
| Loss of Rental (LOR) <u>w/GST</u> S\$ <u>856.00</u> ( <u>8</u> days) x \$100                                                                                         |                                        |                             |                                               |                               |
| 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\$ <u>7.45</u>                                                                                                                                       |                                        |                             |                                               |                               |
| Medical: S\$                                                                                                                                                         |                                        |                             | 1) Claim status: Normal/Reject/Private Settle |                               |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           |                                        |                             | 2) Report Format: <u>TP</u>                   |                               |
| Legal Cost S\$                                                                                                                                                       |                                        |                             | 3) Survey fee: <u>\$320.00</u>                |                               |
| <b>Total:</b> S\$ <u>3,056.95</u>                                                                                                                                    | <b>Global Sum S\$:</b> <u>3,050.00</u> |                             |                                               |                               |
| <b>FINAL PAYMENT</b> Date/Time:                                                                                                                                      | Confirm with:                          |                             | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Payee 1: S\$ <u>3,050.00</u>                                                                                                                                         | Name 1:                                | <u>Team Autopro Pte Ltd</u> |                                               |                               |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        | Name 2:                                |                             |                                               |                               |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        | Name 3:                                |                             |                                               |                               |