

## ASSIGNMENT

Surveyor: KennethDOI: 03/01/2022Date / Time : 16/12/2021Registered in Merimen: 16/12/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SDW 3232JClaim No. : 9009443567SGName of Insured : TEO PENG CHONG (ZHANG BINCONG)Policy No. : 1800139465

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 12/12/2021

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 / NODriver Tel No. : \_\_\_\_\_ (V/L: ☒ YES / NO )

Insured Liability : \_\_\_\_\_ % Final ? Yes / No

SKV 4470D →INSRS:  
WSP: CHENG HOE  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     |                                                                                      |                                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
|                                                                                | SKV 4470D : X                                                                        | STAGE                                                                              |
|                                                                                | SDW 3232J : CS/AIG21012609/Etf3 ; DOA : 12/12/2021                                   | 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:                                                              |
|                                                                                |                                                                                      | Documentation Check List: Handler Typist                                           |
|                                                                                |                                                                                      | 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"/>          |
| PRELIMINARY ADVICE                                                             | Date/Time:                                                                           | Sent By:                                                                           |
|                                                                                |                                                                                      | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>              |
|                                                                                |                                                                                      | Others: <input type="checkbox"/> <input type="checkbox"/>                          |
| FINALIZATION                                                                   | Date/Time:                                                                           | Confirm with:                                                                      |
| Repair Cost: <u>L/sum</u>                                                      | S\$ <u>6,150.00</u> ( <u>4</u> days) Reduction: <u>28</u> %                          | Confirm by:                                                                        |
|                                                                                |                                                                                      | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| FINAL SETTLEMENT                                                               | Date/Time: <u>19/10/2022</u>                                                         | Confirm with <u>June</u>                                                           |
|                                                                                |                                                                                      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>            |
| Final Liability:                                                               | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>                           | If NO or B 28, Ass. Lia :                                                          |
| Repair Cost: <u>w/GST</u>                                                      | S\$ <u>6,580.50</u>                                                                  |                                                                                    |
| Loss of Rental (LOD): <u>w/GST</u>                                             | S\$ <u>513.60</u> ( <u>4</u> days) x \$120                                           |                                                                                    |
| 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 + LO <input type="checkbox"/> [Tick only one] |                                                                                    |
| GIA/LTA Search                                                                 | S\$ <u>7.49</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>                                                     |
| Total:                                                                         | S\$ <u>7,101.59</u>                                                                  | Global Sum S\$:                                                                    |
| FINAL PAYMENT                                                                  | Date/Time:                                                                           | Confirm with:                                                                      |
|                                                                                |                                                                                      | Email <input type="checkbox"/> Call <input type="checkbox"/>                       |
| Payee 1:                                                                       | S\$ <u>7,101.59</u>                                                                  | Name 1: <u>Cheng Hoe Motor Pte Ltd</u>                                             |
| Payee 2: (Strike if N.A.)                                                      | S\$                                                                                  | Name 2:                                                                            |
| Payee 3: (Strike if N.A.)                                                      | S\$                                                                                  | Name 3:                                                                            |