

ASSIGNMENT

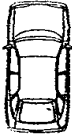
Surveyor: Adrian

DOI: 30/12/2021

Date / Time : 03/01/2022

Registered in Merimen: 03/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 5696Y

Claim No. : 3601293539SG

Name of Insured : POPULAR RENT A CAR PTE LTD

Policy No. : 7990000001

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 28/12/2021

Place of Accident : _____

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

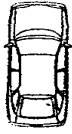
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

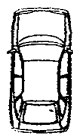
SLK 460E → _____ → _____ → _____ → _____



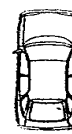
INSRS:
WSP: ZERO GRAVITY
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SLK 460E : X ; SLR 5696Y : 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: | |
| | | | 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"/> |
| 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: | Confirm by: | |
| Repair Cost: <u>L/sum</u> | S\$ <u>4,750.00</u> (<u>5</u> days) Reduction: <u>46</u> % | | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: <u>09/06/2022</u> | Confirm with <u>Sylvie</u> | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>10</u> | | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S\$ <u>4,750.00</u> | | | |
| Loss of Rental (LOR): | S\$ <u>840.00</u> (<u>7</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 + LOU <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> | |
| Total: | S\$ <u>5,597.45</u> | Global Sum S\$: <u>5,550.00</u> | | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | S\$ <u>5,550.00</u> | Name 1: <u>Zero Gravity</u> | | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | |