

**ASSIGNMENT**

Surveyor: Rasul DOI: 17/01/2022 Date / Time : 17/01/2022

Registered in Merimen:                     

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMU 7726D  
 Name of Insured : HIEW CHEE CHOY  
 Insured Tel No. :                      HP:                       
**Excess Sec II :\$**                      D.O.A : 16/01/2022

Claim No. : SNM22D200450  
 Policy No. : DMPCSNW00082612100  
 Make / Model :                       
 Place of Accident : 1 Jurong West Central 2

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

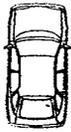
If NO, Driver Name / Age :                     

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

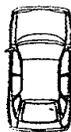
Driver Tel No. :                      (V/L:  YES / NO )

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

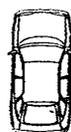
**SLS 7740J**



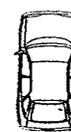
INSRS:                       
 WSP: AUTOMOTIVE  
 Tel : REPAIR CENTRE  
 Liability :                       
 RMKS:                     



INSRS:                       
 WSP:                       
 Tel :                       
 Liability :                       
 RMKS:                     



INSRS:                       
 WSP:                       
 Tel :                       
 Liability :                       
 RMKS:                     



INSRS:                       
 WSP:                       
 Tel :                       
 Liability :                       
 RMKS:                     

Date/ Time	SLS 7740J : X ; SMU 7726D : 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: 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"/>
	CLAIMANT - ONG YIQIN	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
	TPV: H.ELANTRA - 1591cc	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: <u>                    </u> Sent By: <u>                    </u>	Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
	Others: <input type="checkbox"/> <input type="checkbox"/>

<b>FINALIZATION</b> Date/Time: <u>                    </u> Confirm with: <u>                    </u> Confirm by: <u>                    </u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: <u>LS</u> S\$ <u>\$2,050.00</u> ( <u>4</u> days) Reduction: <u>\$1,630.00</u> % <u>44</u>	

<b>FINAL SETTLEMENT</b> Date/Time: <u>12/07/2022</u> Confirm with <u>SHU JUAN</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>23</u> If NO or B 28, Ass. Lia :	

Repair Cost: S\$ <u>2,193.50</u> W/GST	
Loss of Rental (LOR): S\$ <u>                    </u> ( <u>                    </u> days)	
Loss of Use (LOU): S\$ <u>250.00</u> (\$ <u>50</u> x <u>5</u> days)	
Loss of Income (LOI): S\$ <u>                    </u> (\$ <u>                    </u> x <u>                    </u> days)	
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]	

GIA/LTA Search S\$ <u>2.00</u>	
Medical: S\$ <u>                    </u>	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: S\$ <u>                    </u> (e.g. Tow/ Independent )	2) Report Format: <u>TP</u>
Legal Cost S\$ <u>                    </u>	3) Survey fee: <u>\$400.00</u>

<b>Total:</b> S\$ <u>2,445.50</u> <b>Global Sum S\$:</b> <u>                    </u>	
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<b>FINAL PAYMENT</b> Date/Time: <u>                    </u> Confirm with: <u>                    </u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>2,445.50</u> Name 1: <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u>	

Payee 2: (Strike if N.A.) S\$ <u>                    </u> Name 2: <u>                    </u>	
Payee 3: (Strike if N.A.) S\$ <u>                    </u> Name 3: <u>                    </u>	