

**ASSIGNMENT**Surveyor: ADRIANDOI: 04/03/2022Date / Time : 04/03/2022Registered in Merimen: 07.03.2022**Pre-assign / CCU / FTE**Insured Vehicle No. : SJA 5751J

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

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

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : 04/03/2022 07:34

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

SJF 6358DINSRS:  
WSP: J-MART  
Tel : MOTOR  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                               | STAGE                                                                   | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <u>SJF 6358D - X</u>                                          | Non-Reporting ltr (1st):                                                |                                                   |
|                                                                                                                                                                      | <u>SJA 5751J - CS/LPC08006017/Ucf ; 15/01/2008</u>            | Non-Reporting ltr (2nd):                                                |                                                   |
|                                                                                                                                                                      | <u>CS/LPC08012255/Yvb; 15/01/2008</u>                         | 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"/> <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: _____                          | Confirm by:                                                             |                                                   |
| Repair Cost: <u>L/Sum</u>                                                                                                                                            | \$S\$ <u>4,200.00</u> ( <u>6</u> days) Reduction: <u>53</u> % | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>02/11/2022</u> Confirm with: <u>J Mart</u>      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Final Liability:                                                                                                                                                     | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>     | If NO or B 28, Ass. Lia : <u>(ASS. 0%)</u>                              |                                                   |
| Repair Cost: <u>with GST</u>                                                                                                                                         | \$S\$ <u>4,494.00</u>                                         |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | \$S\$ <u>840.00</u> ( <u>7</u> days) <u>@\$120</u>            |                                                                         |                                                   |
| 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\$                                                         |                                                                         |                                                   |
| 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>5,334.00</u> <b>Global Sum S\$:</b>                  |                                                                         |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time: _____ Confirm with: _____                          | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                                                   |
| Payee 1:                                                                                                                                                             | \$S\$ <u>5,334.00</u> Name 1: <u>J-MART MOTOR PTE LTD</u>     |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | \$S\$ Name 2: _____                                           |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | \$S\$ Name 3: _____                                           |                                                                         |                                                   |