

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **07/03/2022**Date / Time : **07/03/2022**

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SJX 8299H**Claim No. : **9217855408SG**

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

Policy No. : **2070146585**

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

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

**Excess Sec II :S\$**D.O.A : **05-03-22**Place of Accident : **SEMBAWANG CRES**

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****SNE 2168U**INSRS:  
WSP: **TAN LIM**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                                                 |                        | STAGE                                                                             | DATE / PIC                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------|-------------------------------|
|                                                                                                                                                                      | <b>SNE 2168U - X</b>                                                            | <b>SJX 8299H - 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>                |
|                                                                                                                                                                      |                                                                                 |                        | 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"/>      |
|                                                                                                                                                                      |                                                                                 |                        | Post-Repair Photos:                                                               | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                                                 |                        | Others:                                                                           | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                                      | Sent By:               |                                                                                   |                               |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                                      | Confirm with:          | Confirm by:                                                                       |                               |
| Repair Cost: <b>LS</b>                                                                                                                                               | S\$ <b>\$3,700.00</b> ( <b>3</b> days) Reduction: <b>\$3,748.88</b> % <b>50</b> |                        | Email <input type="checkbox"/>                                                    | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>01/07/2022</b> Confirm with <b>SHARON</b>                         |                        | Email <input checked="" type="checkbox"/>                                         | Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>9</b>                        |                        | If NO or B 28, Ass. Lia :                                                         |                               |
| Repair Cost:                                                                                                                                                         | S\$ <b>3,959.00</b> W/GST                                                       |                        |                                                                                   |                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>214.00</b> ( <b>2</b> days) x \$107.00 W/GST                             |                        |                                                                                   |                               |
| 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\$ <b>2.00</b>                                                                 |                        |                                                                                   |                               |
| Medical:                                                                                                                                                             | S\$                                                                             |                        | 1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle |                               |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                                    |                        | 2) Report Format: <b>TP</b>                                                       |                               |
| Legal Cost                                                                                                                                                           | S\$                                                                             |                        | 3) Survey fee: <b>\$320.00</b>                                                    |                               |
| <b>Total:</b>                                                                                                                                                        | <b>S\$ 4,175.00</b>                                                             | <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\$ <b>4,175.00</b>                                                             | Name 1:                | <b>TAN LIM MOTOR PTE LTD</b>                                                      |                               |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                                             | Name 2:                |                                                                                   |                               |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                                             | Name 3:                |                                                                                   |                               |