

**ASSIGNMENT**Surveyor: MarcusDOI: 06/04/2022Date / Time : 17/03/2022

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : GBE 8122D

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

Name of Insured : RI SHEN LAUNDRY PTE. LTD.Policy No. : Z21VC05007268

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

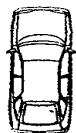
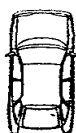
Make / Model : Hyundai StarexExcess Sec II :S\$ \_\_\_\_\_ D.O.A : 14/03/2022 09:28Place of Accident : TOWARDS TOH GUAN ROAD

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

If NO, Driver Name / Age : PHUI KUEH CHIN

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

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

Insured Liability : % **Final ? Yes / No****SKU 6289D**INSRS:  
WSP: SME MOTOR  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                                                                              |                                                           |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------|
|                                                                                                                                                                      | <b>SKU 6289D - NBA/LIP17009672/Y; 19/04/2017</b>                                                             | <b>STAGE</b>                                              | <b>DATE / PIC</b>             |
|                                                                                                                                                                      | <b>NBA/LPC22002448/Y ; 14/03/2022</b>                                                                        | Non-Reporting ltr (1st):                                  |                               |
|                                                                                                                                                                      | <b>GBE 8122D - CS/CTI21004529/T1vf3n2; 31/03/2021</b>                                                        | Non-Reporting ltr (2nd):                                  |                               |
|                                                                                                                                                                      | <b>NBA/CTI18009918/Y; 29/05/2018</b>                                                                         | Non-Reporting ltr (Final):                                |                               |
|                                                                                                                                                                      | <b>NBA/LPC22002448/Y; 14/03/2022</b>                                                                         | 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"/>      |
|                                                                                                                                                                      |                                                                                                              | 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"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                                                                              | Post-Repair Photos:                                       | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                                                                              | Others:                                                   | <input type="checkbox"/>      |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____ Confirm by: _____                                                       |                                                           |                               |
| Repair Cost: <u>L/sum</u>                                                                                                                                            | S\$ <u>2,100.00</u> ( <u>3</u> days) Reduction: <u>30</u> %                                                  | Email <input type="checkbox"/>                            | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>31/10/2022</u> Confirm with <u>YING</u>                                                        | Email <input checked="" type="checkbox"/>                 | Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>                                                    | If NO or B 28, Ass. Lia :                                 |                               |
| Repair Cost: <u>w/GST</u>                                                                                                                                            | S\$ <u>2,247.00</u>                                                                                          |                                                           |                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ _____ ( _____ days)                                                                                      |                                                           |                               |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <u>300.00</u> (\$ <u>100</u> x <u>3</u> days)                                                            |                                                           |                               |
| Loss of Income (LOI):                                                                                                                                                | S\$ _____ (\$ _____ x _____ days)                                                                            |                                                           |                               |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                                              |                                                           |                               |
| GIA/LTA Search                                                                                                                                                       | S\$ <u>2.00</u>                                                                                              |                                                           |                               |
| Medical:                                                                                                                                                             | S\$ _____                                                                                                    | 1) Claim status: Normal/ <del>Reject/Partial Settle</del> |                               |
| Disbursement:                                                                                                                                                        | S\$ _____ (e.g. Tow/ Independent )                                                                           | 2) Report Format: <u>TP</u>                               |                               |
| Legal Cost                                                                                                                                                           | S\$ _____                                                                                                    | 3) Survey fee: <u>\$400.00</u>                            |                               |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>2,549.00</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>2,549.00</u> Name 1: <u>SME MOTOR PTE LTD</u>                                                         |                                                           |                               |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____ Name 2: _____                                                                                      |                                                           |                               |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____ Name 3: _____                                                                                      |                                                           |                               |