

**ASSIGNMENT**

Surveyor: Rasul DOI: 18/03/2022 Date / Time : 16/03/2022  
 Registered in Merimen: 18/03/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SND 1072Z Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 12/03/2022 12:00 Place of Accident : 45 DUCHESS AVE  
 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**

YQ 4802R → → → →



INSRS:  
WSP: Ark Oto  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	YQ 4802R - X	SND 1072Z - 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"/>
			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>2,000.00</u> ( <u>4</u> days) Reduction: <u>63</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <u>21/10/2022</u> Confirm with <u>Fion</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>11a</u>			If NO or B 28, Ass. Lia :	
Repair Cost: S\$ <u>2,000.00</u>				
Loss of Rental (LOR): S\$ _____ ( _____ days)				
Loss of Use (LOU): S\$ <u>500.00</u> (\$ <u>100</u> x <u>5</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>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>\$350.00</u>	
<b>Total:</b> S\$ <u>2,507.45</u> Global Sum S\$: <u>2,500.00</u>				
<b>FINAL PAYMENT</b> Date/Time:		Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>2,500.00</u> Name 1: <u>ARK OTO</u>				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				