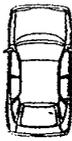


**ASSIGNMENT**

Surveyor: **MARCUS** DOI: **22/03/2022** Date / Time : **22/03/2022**  
Registered in Merimen: \_\_\_\_\_

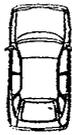
**Pre-assign / CCU / FTE**



Insured Vehicle No. : **SDW 1768T** Claim No. : **S2M03W4W**  
Name of Insured : **LEE SOO ANN** Policy No. : **P0599416**  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : **HONDA CIVIC**  
**Excess Sec II :S\$** D.O.A : **19/03/2022 08:08** Place of Accident : **BUKIT TIMAH ROAD**  
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**

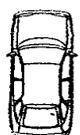
**GBG 550T**



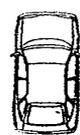
INSRS:  
WSP: **ASIA**  
Tel : **MOTORSPORTS**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time   | GBG 550T - X | SDW 1768T - 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:</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: <b>CKS</b>                                       |   |
| Repair Cost: <b>L/S</b> S\$ <b>2,500.00</b> ( <b>3</b> days) Reduction: <b>76</b> %  |              |               | Email <input type="checkbox"/> Call <input type="checkbox"/> |   |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>19.04.22</b> Confirm with <b>ASIA</b>  |              |               | Email <input type="checkbox"/> Call <input type="checkbox"/> |   |
| Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. :   |              |               | If NO or B 28, Ass. Lia :                                    |   |
| Repair Cost: S\$ <b>2,500.00</b>   |              |               |  |   |
| Loss of Rental (LOR): S\$ <b>500.00</b> ( <b>5</b> days) <b>X \$100</b>  |              |               |  |   |
| Loss of Use (LOU): S\$ <b>-</b> (\$ <b>x</b> days)   |              |               |  |   |
| Loss of Income (LOI): S\$ <b>-</b> (\$ <b>x</b> 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>7.45</b>   |              |               |  |   |
| Medical: S\$ <b>-</b>  |              |               | 1) Claim status: Normal/ <del>Reject/Dispute/Settle</del>    |   |
| Disbursement: S\$ <b>-</b> (e.g. Tow/ Independent )  |              |               | 2) Report Format: <b>TP</b>                                  |   |
| Legal Cost S\$ <b>-</b>  |              |               | 3) Survey fee: <b>\$350</b>                                  |   |
| <b>Total:</b> S\$ <b>3,007.45</b> <b>Global Sum S\$:</b>   |              |               |  |   |
| <b>FINAL PAYMENT</b> Date/Time: <b>19.04.22</b> Confirm with: <b>ASIA</b>  |              |               | Email <input type="checkbox"/> Call <input type="checkbox"/> |   |
| Payee 1: S\$ <b>3,007.45</b> Name 1: <b>ASIA MOTORSPORTS SOLUTION PTE LTD</b>  |              |               |  |   |
| Payee 2: (Strike if N.A.) S\$ Name 2:  |              |               |  |   |
| Payee 3: (Strike if N.A.) S\$ Name 3:  |              |               |  |   |