

**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **01.04.2022**Date / Time : **01.04.2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 4102H**

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

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

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

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

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

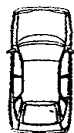
Excess Sec II :\$ \$ D.O.A : **29/03/2022 17:12**Place of Accident : **Slip Road (Jln Buroh Towards Jurong Port Road)**

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****SLM 5283G**INSRS:  
WSP: **YSK**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                        |                                                         |                                         |                                                               |                               |                          |
|-----------------------------------|---------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|-------------------------------|--------------------------|
|                                   | <b>SLM 5283G - CS3/AIG18016231/R1cd3s2 ; 03.09.2018</b> | <b>STAGE</b>                            | <b>DATE / PIC</b>                                             |                               |                          |
|                                   | <b>YP 4102H - 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>                                                | <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"/>      |                          |
| <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>LWP</b>                                        |                               |                          |
| Repair Cost: <b>P/P</b>           | S\$ <b>1,931.28</b>                                     | ( <b>3</b> days) Reduction: <b>36</b> % | Email <input type="checkbox"/>                                | Call <input type="checkbox"/> |                          |
| <b>FINAL SETTLEMENT</b>           | Date/Time: <b>31.08.22</b>                              | Confirm with: <b>JANET</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>1,931.28</b>                                     |                                         |                                                               |                               |                          |
| Loss of Rental (LOR):             | S\$ <b>-</b>                                            | ( _____ days)                           |                                                               |                               |                          |
| Loss of Use (LOU):                | S\$ <b>300.00</b>                                       | ( \$ <b>100</b> x <b>3</b> days)        |                                                               |                               |                          |
| Loss of Income (LOI):             | S\$ <b>-</b>                                            | ( \$ _____ 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\$ <b>7.45</b>                                         |                                         |                                                               |                               |                          |
| Medical:                          | S\$ <b>-</b>                                            |                                         | 1) Claim status: Normal/ <del>Reject/Printed Settlement</del> |                               |                          |
| Disbursement:                     | S\$ <b>-</b>                                            | (e.g. Tow/ Independent )                | 2) Report Format: <b>TP</b>                                   |                               |                          |
| Legal Cost                        | S\$ <b>-</b>                                            |                                         | 3) Survey fee: <b>\$400</b>                                   |                               |                          |
| <b>Total:</b>                     | <b>S\$ 2,238.73</b>                                     | <b>Global Sum S\$:</b>                  |                                                               |                               |                          |
| <b>FINAL PAYMENT</b>              | Date/Time: <b>31.08.22</b>                              | Confirm with: <b>JANET</b>              | Email <input type="checkbox"/>                                | Call <input type="checkbox"/> |                          |
| Payee 1:                          | S\$ <b>2,238.73</b>                                     | Name 1: <b>YSK AUTO WORKSHOP</b>        |                                                               |                               |                          |
| Payee 2: (Strike if N.A.)         | S\$                                                     | Name 2:                                 |                                                               |                               |                          |
| Payee 3: (Strike if N.A.)         | S\$                                                     | Name 3:                                 |                                                               |                               |                          |