

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **12/05/2022**Date / Time : **12/05/2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SKU 7885B**

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

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

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

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

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

Excess Sec II :\$\_\_\_\_\_ D.O.A : **07.05.2022 10:42**

Place of Accident : \_\_\_\_\_

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

If NO, Driver Name / Age :

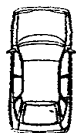
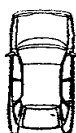
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

Final ? Yes / No

**SMU 1214D**INSRS:  
WSP: **ALAN'S  
UNITED**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                |                                                                                                   | STAGE                                         | DATE / PIC               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------|
|                                                                                                                                                           | <b>SMU 1214D - X</b>                                                                              |                                               |                          |
|                                                                                                                                                           | <b>SKU 7885B - CS/CTI21002951/Bqd3n2 ; 04.03.2021</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 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:                                                                                                                                              | S\$ ( _____ days) Reduction: % _____ Email <input type="checkbox"/> Call <input type="checkbox"/> |                                               |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | Date/Time: _____ Confirm with _____ Email <input type="checkbox"/> Call <input type="checkbox"/>  |                                               |                          |
| Final Liability:                                                                                                                                          | % (Agreed / Assessed) BOLA S/N No. : _____ If NO or B 28, Ass. Lia : _____                        |                                               |                          |
| Repair Cost:                                                                                                                                              | S\$ _____                                                                                         |                                               |                          |
| Loss of Rental (LOR):                                                                                                                                     | S\$ ( _____ days) _____                                                                           |                                               |                          |
| Loss of Use (LOU):                                                                                                                                        | S\$ (\$ _____ x _____ days) _____                                                                 |                                               |                          |
| Loss of Income (LOI):                                                                                                                                     | S\$ (\$ _____ x _____ days) _____                                                                 |                                               |                          |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                                   |                                               |                          |
| GIA/LTA Search                                                                                                                                            | S\$ _____                                                                                         |                                               |                          |
| Medical:                                                                                                                                                  | S\$ _____                                                                                         | 1) Claim status: Normal/Reject/Private Settle |                          |
| Disbursement:                                                                                                                                             | S\$ (e.g. Tow/ Independent ) _____                                                                | 2) Report Format:                             |                          |
| Legal Cost                                                                                                                                                | S\$ _____                                                                                         | 3) Survey fee:                                |                          |
| <b>Total:</b>                                                                                                                                             | <b>S\$ _____ Global Sum S\$:</b>                                                                  |                                               |                          |
| <b>FINAL PAYMENT</b>                                                                                                                                      | Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/> |                                               |                          |
| Payee 1:                                                                                                                                                  | S\$ _____ Name 1: _____                                                                           |                                               |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                 | S\$ _____ Name 2: _____                                                                           |                                               |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                 | S\$ _____ Name 3: _____                                                                           |                                               |                          |