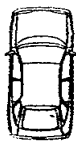


**ASSIGNMENT**Surveyor: **KENNETH**DOI: **18/05/2022**Date / Time : **18/05/2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SLK 7310J**

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

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

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

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

HP: \_\_\_\_\_

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

**Excess Sec II :S\$**D.O.A : **15.05.2022 16:15**

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

Is driver the owner? ( YES / NO )

Nature of Accident : \_\_\_\_\_

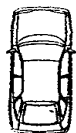
If **NO**, Driver Name / Age :

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

Driver Tel No. : \_\_\_\_\_

(V/L: YES / NO )

Insured Liability : \_\_\_\_\_ %

**Final ? Yes / No****SMN 8910T**

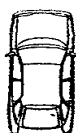
INSRS:

WSP: **WEI LEE MOTOR**

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS:

WSP: \_\_\_\_\_

Tel : \_\_\_\_\_

Liability : \_\_\_\_\_

RMKS: \_\_\_\_\_

| Date/ Time                                                                                                                                                           | SMN 8910T - X                                              | SLK 7310J - 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>                |
|                                                                                                                                                                      |                                                            |                                    | 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"/>      |
|                                                                                                                                                                      |                                                            |                                    | Post-Repair Photos:                                   | <input type="checkbox"/>      |
|                                                                                                                                                                      |                                                            |                                    | Others:                                               | <input type="checkbox"/>      |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____                                           | Sent By: _____                     |                                                       |                               |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____                                           | Confirm with: _____                | Confirm by: _____                                     |                               |
| Repair Cost: <b>L/Sum</b>                                                                                                                                            | S\$ <b>1,200.00</b> ( <b>2</b> days) Reduction: <b>49%</b> |                                    | Email <input type="checkbox"/>                        | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>10/11/2022</b> Confirm with <b>Jack</b>      |                                    | Email <input checked="" type="checkbox"/>             | Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>NIL</b> |                                    | If NO or B 28, Ass. Lia :                             |                               |
| Repair Cost: <b>with GST</b>                                                                                                                                         | S\$ <b>1,284.00</b>                                        |                                    |                                                       |                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ _____ ( _____ days)                                    |                                    |                                                       |                               |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>120.00</b> (\$ <b>60</b> x <b>2</b> 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\$ <b>7.45</b>                                            |                                    |                                                       |                               |
| Medical:                                                                                                                                                             | S\$ _____                                                  |                                    | 1) Claim status: Normal/ <b>Reject Private Settle</b> |                               |
| Disbursement:                                                                                                                                                        | S\$ _____ (e.g. Tow/ Independent )                         |                                    | 2) Report Format: <b>TP</b>                           |                               |
| Legal Cost                                                                                                                                                           | S\$ _____                                                  |                                    | 3) Survey fee: <b>\$400.00</b>                        |                               |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>1,411.45</b>                                        | <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\$ <b>1,411.45</b>                                        | Name 1: <b>WEI LEE MOTOR WORKS</b> |                                                       |                               |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ _____                                                  | Name 2: _____                      |                                                       |                               |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ _____                                                  | Name 3: _____                      |                                                       |                               |