

**ASSIGNMENT**

Surveyor: MARCUS DOI: 20/06/2022 Date / Time : 20/06/2022  
 Registered in Merimen: 20/06/2022

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SLK 850M Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 16/06/2022 17:17 Place of Accident : Car Park Exit Between Blk 849 (NTUC) & 848A (MSCP) towards Yishun Ring Rd.  
 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**

**SDW 5905M**



INSRS:  
WSP: **HUP MOTOR**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE / PIC
	<b>SDW 5905M -NA/AIG17009313/r3 ; 18.05.2017</b>	Non-Reporting ltr (1st):	
	<b>SLK 850M - X</b>	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"/>
		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:		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time:		Confirm with:	Confirm by:
Repair Cost: <b>L/sum</b> S\$ <b>800.00</b> ( <b>2</b> days) Reduction: <b>58</b> %			Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>21/07/2022</b> Confirm with <b>David</b>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>			If NO or B 28, Ass. Lia :
Repair Cost: S\$ <b>800.00</b>			
Loss of Rental (LOR): S\$ <b>200.00</b> ( <b>2</b> days) <b>X\$100</b>			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x 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>2.00</b>			
Medical: S\$			1) Claim status: Normal/ <del>Reject/Private Sett</del>
Disbursement: S\$ (e.g. Tow/ Independent )			2) Report Format: <b>TP</b>
Legal Cost S\$			3) Survey fee: <b>\$320.00</b>
<b>Total:</b> S\$ <b>1,002.00</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>1,002.00</b> Name 1: <b>Hup Motor Trading &amp; Service</b>			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			