

**ASSIGNMENT**Surveyor: TaufikhDOI: 04/072022Date / Time : 01.07.2022

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : GBE 3196Z

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

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

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

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

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

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

Excess Sec II :S\$

D.O.A : 30/06/2022 12:10Place of Accident : 18 GEMMILL LANE CARPARK LOT

Is driver the owner?

( YES / NO )

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

If NO, Driver Name / Age :

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

(V/L: YES / NO )

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

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

Final ? Yes / No

**SMP 2811A**
 INSRs: Automotive  
 WSP: Repair Centre  
 Tel : Pte Ltd  
 Liability :  
 RMKS:

 INSRs:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

 INSRs:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

 INSRs:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

| Date/ Time                                                                                                                                                           | SMP 2811A - X                                    | GBE 3196Z - 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: <u>L/Sum</u>                                                                                                                                            | S\$ <u>1,000.00</u>                              | ( <u>2</u> days) Reduction: <u>79</u> %                  | Email <input type="checkbox"/>            | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>19/04/2023</u>                     | Confirm with <u>Shu Juan</u>                             | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <u>100</u>                                     | (Agreed / Assessed) BOLA S/N No. : <u>Nil</u>            | If NO or B 28, Ass. Lia :                 |                               |
| Repair Cost: <u>with GST</u>                                                                                                                                         | S\$ <u>1,070.00</u>                              |                                                          |                                           |                               |
| Loss of Rental (LOR):                                                                                                                                                | S\$ ( _____ days)                                |                                                          |                                           |                               |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <u>240.00</u> (\$ <u>60</u> x <u>4</u> 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\$ <u>2.00</u>                                  |                                                          |                                           |                               |
| Medical:                                                                                                                                                             | S\$                                              | 1) Claim status: Normal/ <del>Reject Private Secde</del> |                                           |                               |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                     | 2) Report Format: <u>TP</u>                              |                                           |                               |
| Legal Cost                                                                                                                                                           | S\$                                              | 3) Survey fee: <u>\$400</u>                              |                                           |                               |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>1,312.00</u>                              | <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\$ <u>1,312.00</u>                              | Name 1:                                                  | <u>AUTOMOTIVE REPAIR CENTRE PTE LTD</u>   |                               |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 2:                                                  |                                           |                               |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 3:                                                  |                                           |                               |