

**ASSIGNMENT**Surveyor: TaufikhDOI: 20/07/2022Date / Time : 05/07/2022

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : GU 3656U

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 04/07/2022 14:20Place of Accident : 5B Toh Guan Rd E, Singapore 608829

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

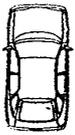
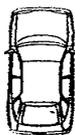
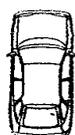
CARPARK AREA AT 5B TOH GUAN ROAD EAST

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****SMC 7438E**INSRS: AUTOMOTIVE  
WSP: REPAIR  
Tel: CENTRE  
Liability: PTE LTD  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time	SMC 7438E - X	GU 3656U - 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: 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: <u>L/Sum</u> S\$ <u>1,350.00</u> ( <u>2</u> days) Reduction: <u>67</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
<b>FINAL SETTLEMENT</b> Date/Time: <u>04/05/2023</u> Confirm with <u>Shu Juan</u>			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>24a</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>with GST</u> S\$ <u>722.25</u> ( <u>\$1,444.50</u> )				
Loss of Rental (LOR): S\$ _____ ( _____ days)				
Loss of Use (LOU): S\$ <u>150.00</u> ( <u>\$100.00</u> x <u>3</u> days) ( <u>\$300.00</u> )				
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\$ <u>2.00</u>				
Medical: S\$ _____			1) Claim status: Normal/Reject/Private Settle	
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>874.25</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>874.25</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: _____			