

**ASSIGNMENT**

Surveyor: STEVE DOI: 02/08/2022 Date / Time : 01/08/2022  
 Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBA 9511D Claim No. : 22/22/22/VC05/026087  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 28/07/2022 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**

**XE 4950X**



INSRS: Sin Sheng  
 WSP: Auto Workshop  
 Tel : Pte Ltd  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:



INSRS:  
 WSP:  
 Tel :  
 Liability :  
 RMKS:

| Date/ Time  |   | STAGE   | DATE / PIC   |
|---|---|---|--|
| <b>XE 4950X - X</b>   |   |   |  |
| <b>GBA 9511D - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date</b><br>CS/CTI19004674/R1vd3n2 14/05/2019 SGY 878U GBA 9511D 22/02/2019 14/05/2019 LST1 |   | Non-Reporting Itr (1st):                                  | Created By   |
|   |   | Non-Reporting Itr (2nd):                                  |  |
|   |   | Non-Reporting Itr (Final):                                |  |
|   |   | Notification Itr (if non-pickup):                         |  |
|   |   | Call OI:  |  |
|   |   | After call Itr to OI:                                     |  |
|   |   | <b>Documentation Check List:</b>                          | <b>Handler Typist</b>                              |
|   |   | Notification Itr (if non-pickup)                          | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | After call Itr to OI:                                     | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Authorisation To Act:                                     | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Release Voucher:  | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Final Repair Bill:  | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Car Rental Invoice:                                       | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Towing Invoice  | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | LTA / GIA :   | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Medical Bill:   | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | PIR:  | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Mandate/Reject Instruction:                               | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | LOD   | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Payment Breakdown Form:                                   | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Post-Repair Photos:                                       | <input type="checkbox"/> <input type="checkbox"/>  |
|   |   | Others:   | <input type="checkbox"/> <input type="checkbox"/>  |
| <b>PRELIMINARY ADVICE</b>   | Date/Time: _____ Sent By: _____                             |   |  |
| <b>FINALIZATION</b>   | Date/Time: _____ Confirm with: _____                        | Confirm by:   |  |
| Repair Cost: <b>P/P</b>   | S\$ <b>4,538.15</b> ( <b>3</b> days) Reduction: <b>24</b> % | Email <input type="checkbox"/>                            | Call <input type="checkbox"/>                      |
| <b>FINAL SETTLEMENT</b>   | Date/Time: <b>17/11/2022</b> Confirm with <b>HOE</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>4,538.15</b>   |   |  |
| Loss of Rental (LOR):   | S\$ _____ ( _____ days)                                     |   |  |
| Loss of Use (LOU):  | S\$ <b>600.00</b> (\$ <b>150</b> x <b>4</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\$ _____   |   |  |
| Medical:  | S\$ _____   | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |  |
| 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>5,138.15</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>5,138.15</b>   | Name 1:   | <b>SIN SHENG AUTO WORKSHOP PTE LTD</b>             |
| Payee 2: (Strike if N.A.)   | S\$ _____   | Name 2:   |  |
| Payee 3: (Strike if N.A.)   | S\$ _____   | Name 3:   |  |