

**ASSIGNMENT**Surveyor: **MARCUS**DOI: **10/08/2022**Date / Time : **10/08/2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SJA 5606X**

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

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

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : **02/08/2022**

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

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

If NO, Driver Name / Age : \_\_\_\_\_

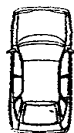
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

(V/L: YES / NO )

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

Final ? Yes / No

**SMP 7403L**INSRS: **SOON SAN**  
WSP: **MOTOR**  
Tel : **TRADING**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date                                   | Case Date Created By                                                    | DATE / PIC               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------|
| <b>SMP 7403L</b>                                                                                                                                                     | <b>NA/INC20007365/z4 16/07/2020 TAN KOK PENG (CHEN GUOPING) SMP 7403L SLW 4460R 16/07/2020 20/07/2020 HZT</b> |                                                                         |                          |
| <b>SJA 5606X - X</b>                                                                                                                                                 |                                                                                                               |                                                                         |                          |
|                                                                                                                                                                      |                                                                                                               | 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>           |
|                                                                                                                                                                      |                                                                                                               |                                                                         | <b>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"/> |
|                                                                                                                                                                      |                                                                                                               | 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>5,300.00</b> ( <b>4</b> days) Reduction: <b>60</b> %                                                   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>04/01/23</b> Confirm with <b>Vincent</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>5,300.00</b>                                                                                           |                                                                         |                          |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>600.00</b> ( <b>6</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>7.45</b>                                                                                               |                                                                         |                          |
| Medical:                                                                                                                                                             | S\$                                                                                                           | 1) Claim status: Normal/Reject/Private Settlement                       |                          |
| 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>5,907.45</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>5,907.45</b> Name 1: <b>SOON SAN MOTOR TRADING</b>                                                     |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                                                                   |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                                                                   |                                                                         |                          |