

**ASSIGNMENT**Surveyor: **STEVE**DOI: **01/09/2022**Date / Time : **30.08.2022**Registered in Merimen: **30.08.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SCJ 882H**

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **22.10.2021 10:10**

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****FZ 9325X**INSRS:  
WSP: **Pang Scooter Service**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                 |                                               |                                                                         |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------|--------------------------|
|                                                                                                                                                                      | <b>FZ 9325X - X</b>                             | <b>SCJ 882H - X</b>                           | <b>STAGE</b>                                                            | <b>DATE / PIC</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>           |
|                                                                                                                                                                      |                                                 |                                               | 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: <b>L/sum</b>                                                                                                                                            | S\$ <b>2,950.00</b>                             | ( <b>3</b> days) Reduction: <b>34</b> %       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                          |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>19/10/2022</b>                    | Confirm with <b>Micheal</b>                   | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                          |
| Final Liability:                                                                                                                                                     | % <b>100</b>                                    | (Agreed / Assessed) BOLA S/N No. : <b>NIL</b> | If NO or B 28, Ass. Lia :                                               |                          |
| Repair Cost:                                                                                                                                                         | S\$ <b>2,950.00</b>                             |                                               |                                                                         |                          |
| Loss of Rental (LOR):                                                                                                                                                | S\$ ( days)                                     |                                               |                                                                         |                          |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>75.00</b> (\$ <b>25</b> x <b>3</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\$                                             |                                               |                                                                         |                          |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                    |                                               |                                                                         |                          |
| Legal Cost                                                                                                                                                           | S\$                                             |                                               |                                                                         |                          |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>3,025.00</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>3,025.00</b>                             | Name 1: <b>Pang Scooter Service</b>           |                                                                         |                          |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                             | Name 2:                                       |                                                                         |                          |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                             | Name 3:                                       |                                                                         |                          |

1) Claim status: Normal/~~Reject/Private Settle~~  
 2) Report Format: **TP**  
 3) Survey fee: **\$320.00**