

**ASSIGNMENT**

Surveyor: **MARCUS** DOI: **01.09.2022** Date / Time : **01.09.2022**  
Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SMP 2437Y** Claim No. : \_\_\_\_\_  
Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **30/08/2022 15:55** Place of Accident : \_\_\_\_\_  
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****SLZ 5684P**

INSRS:  
WSP: **NPH**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
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Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SLZ 5684P - X                                               | SMP 2437Y - 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> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                             |                                 | Notification ltr (if non-pickup)              | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                 | After call ltr 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>L/SUM</b>                                                                                                                                            | S\$ <b>8,450.00</b> ( <b>5</b> days) Reduction: <b>48</b> % |                                 | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>12/01/2023</b> Confirm with <b>Peggy</b>      |                                 | Email <input 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: <b>w/GST</b>                                                                                                                                            | S\$ <b>9,041.50</b>                                         |                                 |                                               |                                                   |
| Loss of Rental (LOR) <b>w/GST</b>                                                                                                                                    | S\$ <b>642.00</b> ( <b>5</b> days) <b>X \$120</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 Settle |                                                   |
| 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>9,690.95</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>9,690.95</b>                                         | Name 1: <b>NPH Auto Service</b> |                                               |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                         |                                               |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                         |                                               |                                                   |