

**ASSIGNMENT**

Surveyor:

**XGQ**

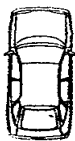
DOI:

**22/08/2022**

Date / Time :

**22/08/2022**

Registered in Merimen:

**Pre-assign / CCU / FTE**Insured Vehicle No. : **CB 7395T**

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

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

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **17/08/2022 19:55**

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

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

If NO, Driver Name / Age :

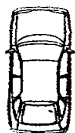
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability :

%

**Final ? Yes / No****SHC 7652L**INSRS:  
WSP: **CDGE LOYANG**  
Tel :  
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 Close Date | State Created By                   | DATE / PIC                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------|
| SHC 7652L -                                                                                                                                               | CC3/TMI20000496/Fqd3s2 12/02/2020 SHC 7652L SLQ 5707E 04/01/2020 12/02/2020            |                                    |                                                                |
| CB 7395T - X                                                                                                                                              |                                                                                        |                                    |                                                                |
|                                                                                                                                                           |                                                                                        | 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>   |                                                                |
|                                                                                                                                                           |                                                                                        | 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:                                                                                                                                              | S\$                                                                                    | ( days) Reduction:                 | % Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | Date/Time:                                                                             | Confirm with                       | Email <input type="checkbox"/> Call <input type="checkbox"/>   |
| Final Liability:                                                                                                                                          | %                                                                                      | (Agreed / Assessed) BOLA S/N No. : | If NO or B 28, Ass. Lia :                                      |
| Repair Cost:                                                                                                                                              | S\$                                                                                    |                                    |                                                                |
| Loss of Rental (LOR):                                                                                                                                     | S\$                                                                                    | ( days)                            |                                                                |
| Loss of Use (LOU):                                                                                                                                        | S\$                                                                                    | (\$ x days)                        |                                                                |
| Loss of Income (LOI):                                                                                                                                     | S\$                                                                                    | (\$ x days)                        |                                                                |
| LOR only <input type="checkbox"/> LOU only <input 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/Reject/Private Settle                  |
| Disbursement:                                                                                                                                             | S\$                                                                                    | (e.g. Tow/ Independent )           | 2) Report Format:                                              |
| Legal Cost                                                                                                                                                | S\$                                                                                    |                                    | 3) Survey fee:                                                 |
| <b>Total:</b>                                                                                                                                             | <b>S\$</b>                                                                             | <b>Global Sum S\$:</b>             |                                                                |
| <b>FINAL PAYMENT</b>                                                                                                                                      | Date/Time:                                                                             | Confirm with:                      | Email <input type="checkbox"/> Call <input type="checkbox"/>   |
| Payee 1:                                                                                                                                                  | S\$                                                                                    | Name 1:                            |                                                                |
| Payee 2: (Strike if N.A.)                                                                                                                                 | S\$                                                                                    | Name 2:                            |                                                                |
| Payee 3: (Strike if N.A.)                                                                                                                                 | S\$                                                                                    | Name 3:                            |                                                                |