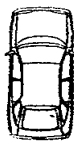


**ASSIGNMENT**

Surveyor: \_\_\_\_\_

DOI: \_\_\_\_\_

Date / Time : **14.09.2022**Registered in Merimen: **14.09.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLC 4897U**

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

Name of Insured : **SECRET AUTO TRADING PTE LTD**Policy No. : **SP2002119964**

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

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

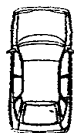
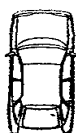
Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **13/09/2022 09:26**Place of Accident : **CTE TOWARDS SLE AFTER EXIT 1B**

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

If NO, Driver Name / Age : **NG WEI ZEI**

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

Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

Insured Liability : % **Final ? Yes / No****SMN 9551P**INSRS: **My Car**  
WSP: **Consultant**  
Tel : **Pte Ltd**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                     | SMN 9551P - X                                                                         | SLC 4897U - 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>3,600.00</b> ( <b>5</b> days) Reduction: <b>82</b> %                           | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                              |                                                   |
| <b>FINAL SETTLEMENT</b>                                                        | Date/Time: <b>23/06/2023</b> Confirm with <b>JACKSON</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: <b>7%GST</b>                                                      | S\$ <b>3,852.00</b>                                                                   |                                                                         |                                                              |                                                   |
| Loss of Rental (LOR):                                                          | S\$ _____ ( _____ days)                                                               |                                                                         |                                                              |                                                   |
| Loss of Use (LOU):                                                             | S\$ <b>480.00</b> (\$ <b>80</b> x <b>6</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\$ <b>33.00</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>\$350.00</b>                                          |                                                              |                                                   |
| <b>Total:</b>                                                                  | S\$ <b>4,365.00</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\$ <b>4,365.00</b>                                                                   | Name 1:                                                                 | <b>My Car Consultant Pte Ltd</b>                             |                                                   |
| Payee 2: (Strike if N.A.)                                                      | S\$ _____                                                                             | Name 2:                                                                 |                                                              |                                                   |
| Payee 3: (Strike if N.A.)                                                      | S\$ _____                                                                             | Name 3:                                                                 |                                                              |                                                   |