

**ASSIGNMENT**Surveyor: **KENNETH**DOI: **06/10/2022**Date / Time : **06/10/2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **GBH 4283H**

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

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

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

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

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

Excess Sec II :\$ \_\_\_\_\_ D.O.A : **05/10/2022 11:00**

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

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

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

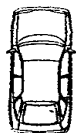
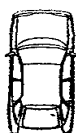
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

(V/L: YES / NO )

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

Final ? Yes / No

**EL 1628K**INSRS:  
WSP: **Alan's United  
Auto Pte Ltd**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Customer Name                                | Vehicle No.                                               | TP Vehicle No.                     | Accident Date            | Close Date                     | Created By                    | DATE / PIC |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------|------------------------------------|--------------------------|--------------------------------|-------------------------------|------------|--------|----------------------------------|--|-----------------------|--|-----------------------|--|------------------|--|--------------------|--|---------------------|--|----------------|--|-------------|--|---------------|--|------|--|-----------------------------|--|-----|--|-------------------------|--|---------------------|--|---------|--|
| EL 1628K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Reference Entry                              | 391/Kn1g2q2                                               | 17/10/2012                         | EL 1628K SFH 3703Y       | 07/04/2011                     | 30/10/2012                    | TP         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| GBH 4283H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Reference Entry                              | CS/CTI19010257/Utd3n2                                     | 21/06/2019                         | SLX 9901Y GBH 4283H      | 06/06/2019                     | 24/06/2019                    | LS         |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <b>STAGE</b><br>Non-Reporting ltr (1st):<br>Non-Reporting ltr (2nd):<br>Non-Reporting ltr (Final):<br>Notification ltr (if non-pickup):<br>Call OI:<br>After call ltr to OI:<br><b>Documentation Check List:</b> <table border="1"> <thead> <tr> <th>Handler</th> <th>Typist</th> </tr> </thead> <tbody> <tr><td>Notification ltr (if non-pickup)</td><td></td></tr> <tr><td>After call ltr to OI:</td><td></td></tr> <tr><td>Authorisation To Act:</td><td></td></tr> <tr><td>Release Voucher:</td><td></td></tr> <tr><td>Final Repair Bill:</td><td></td></tr> <tr><td>Car Rental Invoice:</td><td></td></tr> <tr><td>Towing Invoice</td><td></td></tr> <tr><td>LTA / GIA :</td><td></td></tr> <tr><td>Medical Bill:</td><td></td></tr> <tr><td>PIR:</td><td></td></tr> <tr><td>Mandate/Reject Instruction:</td><td></td></tr> <tr><td>LOD</td><td></td></tr> <tr><td>Payment Breakdown Form:</td><td></td></tr> <tr><td>Post-Repair Photos:</td><td></td></tr> <tr><td>Others:</td><td></td></tr> </tbody> </table> |                                              |                                                           |                                    |                          |                                |                               | Handler    | Typist | Notification ltr (if non-pickup) |  | After call ltr to OI: |  | Authorisation To Act: |  | Release Voucher: |  | Final Repair Bill: |  | Car Rental Invoice: |  | Towing Invoice |  | LTA / GIA : |  | Medical Bill: |  | PIR: |  | Mandate/Reject Instruction: |  | LOD |  | Payment Breakdown Form: |  | Post-Repair Photos: |  | Others: |  |
| Handler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Typist                                       |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Notification ltr (if non-pickup)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| After call ltr to OI:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Authorisation To Act:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Release Voucher:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Final Repair Bill:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Car Rental Invoice:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Towing Invoice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| LTA / GIA :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Medical Bill:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| PIR:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Mandate/Reject Instruction:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| LOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Payment Breakdown Form:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Post-Repair Photos:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Others:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <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>3,850.00</b>                                       | ( <b>6</b> days)                   | Reduction: <b>45</b> %   | Email <input type="checkbox"/> | Call <input type="checkbox"/> |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| <b>FINAL SETTLEMENT</b> Date/Time: <b>19/04/2023</b> Confirm with <b>Kenny</b> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Final Liability:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | % <b>100</b>                                 | (Agreed / Assessed)                                       |                                    | BOLA S/N No. : <b>15</b> | If NO or B 28, Ass. Lia :      |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Repair Cost:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>7%GST</b>                                 | S\$ <b>4,119.50</b>                                       |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Loss of Rental (LOR):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S\$                                          | ( _____ days)                                             |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Loss of Use (LOU):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | S\$ <b>560.00</b>                            | (\$ <b>80</b> x <b>7</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>2.00</b>                              |                                                           |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Medical:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S\$                                          | 1) Claim status: Normal/ <del>Reject/Private Settle</del> |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| 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>4,681.50</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>4,681.50</b>                          | Name 1:                                                   | <b>ALAN'S UNITED AUTO PTE LTD</b>  |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Payee 2: (Strike if N.A.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S\$                                          | Name 2:                                                   |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |
| Payee 3: (Strike if N.A.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S\$                                          | Name 3:                                                   |                                    |                          |                                |                               |            |        |                                  |  |                       |  |                       |  |                  |  |                    |  |                     |  |                |  |             |  |               |  |      |  |                             |  |     |  |                         |  |                     |  |         |  |