

ASSIGNMENTSurveyor: ADRIANDOI: 03/10/2022Date / Time : 03/10/2022

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : SLR 9176E

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 01.10.2022 10:35

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

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

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

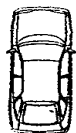
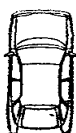
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

(V/L: YES / NO )

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

Final ? Yes / No

SNG 1196JINSRS:  
WSP: SM  
Tel : AUTOMOTIVE  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                             |                              | STAGE                                                                   | DATE / PIC                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------|------------------------------|
|                                                                                                                                                                      | <u>SNG 1196J - X</u>                                        | <u>SLR 9176E - X</u>         | 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"/>     |
|                                                                                                                                                                      |                                                             |                              | After call ltr to OI:                                                   | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Authorisation To Act:                                                   | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Release Voucher:                                                        | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Final Repair Bill:                                                      | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Car Rental Invoice:                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Towing Invoice                                                          | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | LTA / GIA :                                                             | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Medical Bill:                                                           | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | PIR:                                                                    | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Mandate/Reject Instruction:                                             | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | LOD                                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Payment Breakdown Form:                                                 | <input type="checkbox"/>     |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                  | Sent By:                     | Post-Repair Photos:                                                     | <input type="checkbox"/>     |
|                                                                                                                                                                      |                                                             |                              | Others:                                                                 | <input type="checkbox"/>     |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                  | Confirm with:                | Confirm by:                                                             |                              |
| Repair Cost: <u>L/SUM</u>                                                                                                                                            | S\$ <u>18,700.00</u> ( <u>10</u> days) Reduction: <u>64</u> | %                            | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                              |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>11/04/2023</u>                                | Confirm with <u>Sukyl</u>    | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |                              |
| Final Liability:                                                                                                                                                     | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>   |                              | If NO or B 28, Ass. Lia : <u>100</u>                                    |                              |
| Repair Cost: <u>7% GST</u>                                                                                                                                           | S\$ <u>20,009.00</u>                                        |                              |                                                                         |                              |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <u>1,200.00</u> ( <u>10</u> days) <u>X \$120</u>        |                              |                                                                         |                              |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                             |                              |                                                                         |                              |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                             |                              |                                                                         |                              |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                             |                              |                                                                         |                              |
| GIA/LTA Search                                                                                                                                                       | S\$ <u>2.00</u>                                             |                              |                                                                         |                              |
| Medical:                                                                                                                                                             | S\$                                                         |                              | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |                              |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                |                              | 2) Report Format: <u>TP</u>                                             |                              |
| Legal Cost                                                                                                                                                           | S\$                                                         |                              | 3) Survey fee: <u>\$400.00</u>                                          |                              |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>21,211.00</u>                                        | <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\$ <u>21,211.00</u>                                        | Name 1: <u>SM Automotive</u> |                                                                         |                              |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                      |                                                                         |                              |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                      |                                                                         |                              |