

**ASSIGNMENT**

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

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

Date / Time : **18/10/2022**Registered in Merimen: **18/10/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 1123S**

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **15/10/2022 13:15**

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****SLZ 8138E**INSRS:  
WSP: **S & H**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                                                                              | STAGE                                                                   | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      | <b>SLZ 8138E - X</b>                                                                                         |                                                                         |                                                   |
|                                                                                                                                                                      | <b>YP 1123S - CS/TMI19000529/R1vbn2 ; 08.01.2019</b>                                                         | 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"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time: _____ Sent By: _____                                                                              | Post-Repair Photos:                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                                                                              | Others:                                                                 | <input type="checkbox"/> <input type="checkbox"/> |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time: _____ Confirm with: _____ Confirm by: _____                                                       |                                                                         |                                                   |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>2,400.00</b> ( <b>4</b> days) Reduction: <b>66</b> %                                                  | Email <input type="checkbox"/> Call <input type="checkbox"/>            |                                                   |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>22/05/2023</b> Confirm with <b>MS WONG</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>2,568.00</b>                                                                                          |                                                                         |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <b>600.00</b> ( <b>6</b> days) <b>X \$100</b>                                                            |                                                                         |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ (\$ x days)                                                                                              |                                                                         |                                                   |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$ x days)                                                                                              |                                                                         |                                                   |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                                                                              |                                                                         |                                                   |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>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>\$350.00</b>                                          |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>3,170.00</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>3,170.00</b> Name 1: <b>S &amp; H MOTOR PTE LTD</b>                                                   |                                                                         |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$ Name 2:                                                                                                  |                                                                         |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$ Name 3:                                                                                                  |                                                                         |                                                   |