

ASSIGNMENTSurveyor: ADRIAN

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

Date / Time : 17/11/2022Registered in Merimen: 17/11/2022**Pre-assign / CCU / FTE**Insured Vehicle No. : GBC 9572S

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

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

Policy No. : SP2003033993

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

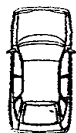
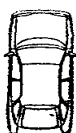
Make / Model : MIT. CANTERExcess Sec II :S\$ \_\_\_\_\_ D.O.A : 16.11.2022 09:11Place of Accident : PIE NEAR WHAMPOA

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**SMF 5700UINSRS:  
WSP: N-51  
Tel : AUTOMOTIVE  
Liability : PL  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | SMF 5700U - X                                               | GBC 9572S - X                             | STAGE                                         | DATE / PIC                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|---------------------------------------------------|
|                                                                                                                                                                      |                                                             |                                           | Non-Reporting ltr (1st):                      |                                                   |
|                                                                                                                                                                      |                                                             |                                           | Non-Reporting ltr (2nd):                      |                                                   |
|                                                                                                                                                                      |                                                             |                                           | Non-Reporting ltr (Final):                    |                                                   |
|                                                                                                                                                                      |                                                             |                                           | Notification ltr (if non-pickup):             |                                                   |
|                                                                                                                                                                      |                                                             |                                           | Call OI:                                      |                                                   |
|                                                                                                                                                                      |                                                             |                                           | After call ltr to OI:                         |                                                   |
|                                                                                                                                                                      |                                                             |                                           | <b>Documentation Check List:</b>              | <b>Handler</b> <b>Typist</b>                      |
|                                                                                                                                                                      |                                                             |                                           | Notification ltr (if non-pickup)              | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | After call ltr to OI:                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Authorisation To Act:                         | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Release Voucher:                              | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Final Repair Bill:                            | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Car Rental Invoice:                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Towing Invoice                                | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | LTA / GIA :                                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Medical Bill:                                 | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | PIR:                                          | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Mandate/Reject Instruction:                   | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | LOD                                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Payment Breakdown Form:                       | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Post-Repair Photos:                           | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                      |                                                             |                                           | Others:                                       | <input type="checkbox"/> <input type="checkbox"/> |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                                  | Sent By:                                  |                                               |                                                   |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                                  | Confirm with:                             | Confirm by:                                   |                                                   |
| Repair Cost: <u>L/SUM</u>                                                                                                                                            | S\$ <u>5,200.00</u> ( <u>6</u> days) Reduction: <u>51</u> % |                                           | Email <input type="checkbox"/>                | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <u>23/06/2023</u>                                | Confirm with <u>Hui Xin</u>               | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/>                     |
| Final Liability:                                                                                                                                                     | % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u>   |                                           | If NO or B 28, Ass. Lia :                     |                                                   |
| Repair Cost: <u>8%GST</u>                                                                                                                                            | S\$ <u>5,616.00</u>                                         |                                           |                                               |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ <u>700.00</u> ( <u>7</u> days) <u>X \$100</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>7.45</u>                                             |                                           |                                               |                                                   |
| Medical:                                                                                                                                                             | S\$                                                         |                                           | 1) Claim status: Normal/Reject/Private Settle |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                                |                                           | 2) Report Format: <u>TP</u>                   |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                                         |                                           | 3) Survey fee: <u>\$350.00</u>                |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <u>6,323.45</u>                                         | <b>Global Sum S\$: 6,300.00</b>           |                                               |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                                  | Confirm with:                             | Email <input type="checkbox"/>                | Call <input type="checkbox"/>                     |
| Payee 1:                                                                                                                                                             | S\$ <u>6,300.00</u>                                         | Name 1: <u>Twincar Automotive Pte Ltd</u> |                                               |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 2:                                   |                                               |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                                         | Name 3:                                   |                                               |                                                   |