

**ASSIGNMENT**

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

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

Date / Time : **21.12.2022**

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

**Pre-assign / CCU / FTE**Insured Vehicle No. : **YP 3574K**Claim No. : **22/22/22/VC05/026696**

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : **11/12/2022 11:15**Place of Accident : **TAMAN JURONG SHOPPING CENTRE GANTRY EXIT**

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****SKQ 4311G**INSRS:  
WSP: **MOVA**  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                | SKQ 4311G - X    | YP 3574K - 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:                                                                                                                                              | S\$ _____        | ( _____ days) Reduction: _____ %              | Email <input type="checkbox"/>    | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b>                                                                                                                                   | Date/Time: _____ | Confirm with _____                            | Email <input type="checkbox"/>    | Call <input type="checkbox"/>                     |
| Final Liability:                                                                                                                                          | % _____          | (Agreed / Assessed) BOLA S/N No. : _____      | If NO or B 28, Ass. Lia : _____   |                                                   |
| Repair Cost:                                                                                                                                              | S\$ _____        |                                               |                                   |                                                   |
| Loss of Rental (LOR):                                                                                                                                     | S\$ _____        | ( _____ days)                                 |                                   |                                                   |
| Loss of Use (LOU):                                                                                                                                        | S\$ _____        | (\$ _____ x _____ days)                       |                                   |                                                   |
| Loss of Income (LOI):                                                                                                                                     | S\$ _____        | (\$ _____ x _____ days)                       |                                   |                                                   |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                  |                                               |                                   |                                                   |
| GIA/LTA Search                                                                                                                                            | S\$ _____        |                                               |                                   |                                                   |
| Medical:                                                                                                                                                  | S\$ _____        | 1) Claim status: Normal/Reject/Private Settle |                                   |                                                   |
| Disbursement:                                                                                                                                             | S\$ _____        | (e.g. Tow/ Independent )                      | 2) Report Format:                 |                                                   |
| Legal Cost                                                                                                                                                | S\$ _____        |                                               | 3) Survey fee:                    |                                                   |
| <b>Total:</b>                                                                                                                                             | <b>S\$ _____</b> | <b>Global Sum S\$:</b>                        |                                   |                                                   |
| <b>FINAL PAYMENT</b>                                                                                                                                      | Date/Time: _____ | Confirm with: _____                           | Email <input type="checkbox"/>    | Call <input type="checkbox"/>                     |
| Payee 1:                                                                                                                                                  | S\$ _____        | Name 1: _____                                 |                                   |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                 | S\$ _____        | Name 2: _____                                 |                                   |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                 | S\$ _____        | Name 3: _____                                 |                                   |                                                   |