

**ASSIGNMENT**Surveyor: TaufikhDOI: 01/02/2023Date / Time : 16.01.2023Registered in Merimen: 18.01.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SLA 4038T

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

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

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 12.01.2023 07:35

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

YQ 9369SINSRS:  
WSP: **FORZA**  
Tel : **AUTOHAUS**  
Liability: **PTE. LTD.**  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           | YQ 9369S - X                                      | SLA 4038T - 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: <b>L/Sum</b>                                                                                                                                            | S\$ <b>1,300.00</b>                               | ( <b>2</b> days) Reduction: <b>71</b> %                  | Email <input type="checkbox"/>            | Call <input type="checkbox"/>                     |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>25/07/2023</b>                      | Confirm with <b>Mike</b>                                 | Email <input checked="" type="checkbox"/> | Call <input type="checkbox"/>                     |
| Final Liability:                                                                                                                                                     | % <b>100</b>                                      | (Agreed / Assessed) BOLA S/N No. : <b>13b</b>            | If NO or B 28, Ass. Lia :                 |                                                   |
| Repair Cost: <b>with GST</b>                                                                                                                                         | S\$ <b>1,404.00</b>                               |                                                          |                                           |                                                   |
| Loss of Rental (LOR):                                                                                                                                                | S\$ (      days)                                  |                                                          |                                           |                                                   |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>200.00</b> (\$ <b>100</b> x <b>2</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 Secde</del> |                                           |                                                   |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                      | 2) Report Format: <b>TP</b>                              |                                           |                                                   |
| Legal Cost                                                                                                                                                           | S\$                                               | 3) Survey fee: <b>\$350</b>                              |                                           |                                                   |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>1,606.00</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>1,606.00</b>                               | Name 1:                                                  | <b>FORZA AUTHOHAUS PTE LTD</b>            |                                                   |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                               | Name 2:                                                  |                                           |                                                   |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                               | Name 3:                                                  |                                           |                                                   |