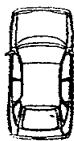


**ASSIGNMENT**Surveyor: **ADRIAN**DOI: **30.12.2022**Date / Time : **30.12.2022**Registered in Merimen: **20.01.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMN 1138C**

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

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

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

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

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

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **28.12.2022 09:50**

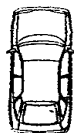
Place of Accident : \_\_\_\_\_

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****GBG 6350P**INSRS:  
WSP: **J-MART MOTOR**  
Tel : **PTE LTD**  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                | Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close | STAGE                                                        | DATE / PIC                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------|
| GBG 6350P -                                                                                                                                               | NA/INC21002697/h4 11/03/2021 LIM CHAI HENG (LIN CAIXING) GBG 6350P YL 699A        | Non-Reporting ltr (1st)                                      | 26/03/2021 LSH                                    |
| SMN 1138C - X                                                                                                                                             |                                                                                   | 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: 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: 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:                                                                           |                                                              |                                                   |