

## ASSIGNMENT

Surveyor: **MARCUS**

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

Date / Time : 17/03/2023

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

**Pre-assign / CCU / FTE**

Insured Vehicle No. : **SMJ 7423K**

Claim No. : S3M04KKQ

Name of Insured : CHUA KIA KHIAN (CAI JIAQIAN)

Policy No. : GA534412

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 16.03.2023

Place of Accident : PIE (Tuas) after CTE(City) 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 |
|-------------------------------------|---|------------------|
| 1. General Liability                |   |                  |
| 2. Professional Liability           |   |                  |
| 3. Directors and Officers Liability |   |                  |
| 4. Employment Practices Liability   |   |                  |
| 5. Cyber Liability                  |   |                  |
| 6. Umbrella Liability               |   |                  |
| 7. Commercial Auto Liability        |   |                  |
| 8. Watercraft Liability             |   |                  |
| 9. Aircraft Liability               |   |                  |
| 10. Marine Liability                |   |                  |
| 11. Construction Liability          |   |                  |
| 12. Boiler and Machinery Liability  |   |                  |
| 13. Fidelity and Bond Liability     |   |                  |
| 14. Crime Liability                 |   |                  |
| 15. Terrorism Liability             |   |                  |
| 16. Nuclear Liability               |   |                  |
| 17. Pollution Liability             |   |                  |
| 18. Other                           |   |                  |

SJK 3273H



INRS: Lee Brothers  
WSP: Automotive  
Tel : Pte Ltd  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

|                                                                                                                                                                      |  |                                                                                  |                                 |                                               |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|
| Date/ Time                                                                                                                                                           |  | Date Created By                                                                  |                                 | DATE / PIC                                    |                               |
| SJK 3273H - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date                                                                   |  | CC4/CAI14021889/M1ua3q2 29/08/2015 SHA 4052Z SJK 3273H 21/11/2014 31/08/2015 CKL |                                 |                                               |                               |
| CS/AGI21010270/Urf3n2 13/10/2021 SJK 3273H SKS 3767X 04/10/2021 13/10/2021 LSY                                                                                       |  | Non-Reporting ltr (1st):                                                         |                                 |                                               |                               |
| CS/CAI14022029/Rtbd1 24/12/2014 SJK 3273H 21/11/2014 26/12/2014 CKL                                                                                                  |  | Non-Reporting ltr (2nd):                                                         |                                 |                                               |                               |
| NA/LIP12001268/e1 18/01/2012 LIM SOK TIAN SJK 3273H XB 5644P 17/01/2012 19/01/2012 NBS                                                                               |  | Non-Reporting ltr (Final):                                                       |                                 |                                               |                               |
| SMJ 7423K - X                                                                                                                                                        |  | 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"/>      |
|                                                                                                                                                                      |  |                                                                                  |                                 | Others:                                       | <input type="checkbox"/>      |
| <b>FINALIZATION</b>                                                                                                                                                  |  | Date/Time:                                                                       | Confirm with:                   | Confirm by:                                   |                               |
| Repair Cost: L/SUMP S\$ 6400.00 ( 5 days) Reduction: 54 %                                                                                                            |  |                                                                                  |                                 | Email <input type="checkbox"/>                | Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              |  | Date/Time: 28/4/2023                                                             | Confirm with XUE TING           | Email <input checked="" type="checkbox"/>     | Call <input type="checkbox"/> |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.28                                                                                                            |  |                                                                                  |                                 | If NO or B 28, Ass. Lia : 0                   |                               |
| Repair Cost: S\$ 6912.00                                                                                                                                             |  |                                                                                  |                                 |                                               |                               |
| Loss of Rental (LOR): S\$ 500.00 ( 5 days) x \$100                                                                                                                   |  |                                                                                  |                                 |                                               |                               |
| 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\$ 26.75                                                                                                                                             |  |                                                                                  |                                 |                                               |                               |
| Medical: S\$                                                                                                                                                         |  |                                                                                  |                                 | 1) Claim status: Normal/Reject/Private Settle |                               |
| Disbursement: S\$ (e.g. Tow/ Independent )                                                                                                                           |  |                                                                                  |                                 | 2) Report Format: TP                          |                               |
| Legal Cost S\$                                                                                                                                                       |  |                                                                                  |                                 | 3) Survey fee: \$350.00                       |                               |
| <b>Total: S\$ 7438.75</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\$ 7438.75                                                                                                                                                 |  | Name 1:                                                                          | LEE BROTHERS AUTOMOTIVE PTE LTD |                                               |                               |
| Payee 2: (Strike if N.A.) S\$                                                                                                                                        |  | Name 2:                                                                          |                                 |                                               |                               |
| Payee 3: (Strike if N.A.) S\$                                                                                                                                        |  | Name 3:                                                                          |                                 |                                               |                               |