

ASSIGNMENT

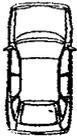
Surveyor: **KENNETH**

DOI: **09/04/2020**

Date / Time : **07/04/2020**

Registered in Merimen: **07/04/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SDU 8908X**

Claim No. : **1265879463SG**

Name of Insured : **Hee Chee Sing**

Policy No. : **2100364747**

Insured Tel No. : _____ HP: **96306740**

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : **31/03/2020**

Place of Accident : **ALONG YIO CHU KANG RD**

Is driver the owner? (YES / NO) Nature of Accident : _____

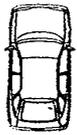
If NO, Driver Name / Age : _____

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

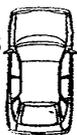
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

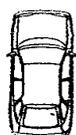
SGK 1177B



INSRS:
WSP: **OPTIMA WERKS**
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	SGK 1177B - X	SDU 8908X - 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:	
			Documentation Check List: Handler Typist	
			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"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
			Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ 1667.04	(4 days) Reduction: 1102.72	% 39	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time:	17/08/2020	Confirm with	SHARON	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. :	NIL	If NO or B 28, Ass. Lia :
Repair Cost: 1783.73	S\$ 891.87	(W/GST)		
Loss of Rental (LOR) 428.00	S\$ 214.00	(4 days) x \$107.00	(W/GST)	*CONFLICTING VERSION*
Loss of Use (LOU):	S\$ (\$ x days)			BASE ON REPORT, SIDE SWIPE CASE
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\$ 2.00			
Medical:	S\$			1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement:	S\$	(e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost	S\$			3) Survey fee: \$350.00
Total:	S\$ 1107.87	Global Sum S\$: 1100.00		
FINAL PAYMENT Date/Time:		Confirm with:		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1100.00	Name 1:	OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		