

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 14/07/2020Registered in Merimen: 14/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMK 7171G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 11.07.2020 16:20

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**SLG 9524SINSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLG 9524S -X	SMK 7171G - 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)	☐ ☐
			After call ltr to OI:	☐ ☐
			Authorisation To Act:	☐ ☐
			Release Voucher:	☐ ☐
			Final Repair Bill:	☐ ☐
			Car Rental Invoice:	☐ ☐
			Towing Invoice	☐ ☐
			LTA / GIA :	☐ ☐
			Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☐ ☐
			LOD	☐ ☐
			Payment Breakdown Form:	☐
			Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____		
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: KSC	
Repair Cost: L/S	S\$ 3,900.00	(5 days) Reduction: 31 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 12.11.20	Confirm with SHARON	Email ☐	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 4,173.00	OI CHANGED LANE	HIT TP	
Loss of Rental (LOR):	S\$ -	(_____ days)		
Loss of Use (LOU):	S\$ 360.00	(\$ 60 x 6 days)		
Loss of Income (LOI):	S\$ ✓	(\$ _____ x _____ days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ -			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ -		2) Report Format: TP	
Total:	S\$ 4,533.00	Global Sum S\$:	3) Survey fee: \$320	
FINAL PAYMENT	Date/Time: 12.11.20	Confirm with: SHARON	Email ☐	Call ☐
Payee 1:	S\$ 4,533.00	Name 1: OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		