

ASSIGNMENTSurveyor: KENNETHDOI: 17/07/2020Date / Time : 16/07/2020Registered in Merimen: 16/07/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLU 4209L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 16/07/2020 10:55Place of Accident : CTE TOWARDS TOWN

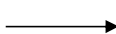
Is driver the owner? (YES / NO) Nature of Accident : _____

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 6425HSLU 4209LSMQ 4512UINSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

OI

INSRS:
WSP: **Optima**
Tel : **Werkz**
Liability :
RMKS: **TP**INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMQ 4512U - X	SLU 4209L - 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:	
Repair Cost:	L/S S\$ 2,400.00	(4 days) Reduction:	49 % Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 04.12.20	Confirm with: LILY	Email ☐ Call ☐	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%	
Repair Cost:	w/GST S\$ 2,568.00	3VEH CC OI 2ND		
Loss of Rental (LOR):	S\$ -	(days)		
Loss of Use (LOU):	S\$ 500.00	(\$ 100 x 5 days)		
Loss of Income (LOI):	S\$ ☒	(\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$ 2.00			
Medical:	S\$ -	1) Claim status: Normal/ Reject Private Sec'd		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$320		
Total:	S\$ 3,070.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 04.12.20	Confirm with: LILY	Email ☐ Call ☐	
Payee 1:	S\$ 3,070.00	Name 1:	OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		