

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 07/09/2020Registered in Merimen: 07/09/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SMD 1246B

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03/09/2020 18:05

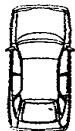
Place of Accident : _____

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**SMP 4931Z →INSRS:
WSP: **OPTIMA**
Tel : **WERKZ**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMP 4931Z- X	SMD 1246B - 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 :	☒ ☐
<u>02/12/2020</u>	<u>SETTLED AND CLOSED / NO PHY FILE</u>		Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☒ ☐
			LOD	☒ ☐
			Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:		Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION Date/Time:	Confirm with:		Confirm by:	
Repair Cost: P/P S\$ 4,139.83 (4 days) Reduction: 26.04 %			Email ☒	Call ☐
FINAL SETTLEMENT Date/Time: <u>01/12/2020</u> Confirm with <u>KAITLYN</u>			Email ☒	Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 22			If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST) S\$ 4,429.62				
Loss of Rental (LOR): S\$ (days)			OI reversed and hit parked TP	
Loss of Use (LOU): S\$ 560.00 (\$140 x 4 days)				
Loss of Income (LOI): S\$ (\$ x days)				
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search S\$ 17.00				
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: \$320.00	
Total: S\$ 5,006.62	Global Sum S\$: 4,886.00			
FINAL PAYMENT Date/Time:	Confirm with:		Email ☐ Call ☐	
Payee 1: S\$ 4,886.00	Name 1:	OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:			
Payee 3: (Strike if N.A.) S\$	Name 3:			