

ASSIGNMENTSurveyor: KENNETHDOI: 24/09/2020Date / Time : 24/09/2020Registered in Merimen: **Pre-assign / CCU / FTE**Insured Vehicle No. : SKZ 1238HClaim No. : Name of Insured : Policy No. : Insured Tel No. : HP: Make / Model : Excess Sec II :S\$ D.O.A : 20/09/2020Place 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

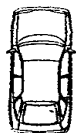
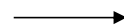
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SLF 3259CINSRS:
WSP: **OPTIMA**
Tel : **WERKZ**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLF 3259C - X	SKZ 1238H - 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"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:		
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: L/sum	S\$ 1,900.00 (4 days) Reduction: 63 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 11/11/2020 Confirm with Kaitlyn		Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: W/GST	S\$ 2,033.00			
Loss of Rental (LOR):	S\$ (days)			
Loss of Use (LOU):	S\$ 400.00 (\$ 100 x 4 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" 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: Normal/Reject/Private Settle	
Disbursement:	S\$ (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost	S\$		3) Survey fee: \$400.00	
Total:	S\$ 2,435.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ 2,435.00	Name 1:	Optima Werkz Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		