

ASSIGNMENT

Surveyor: KENNETH

DOI: [06/01/2021](#)

Date / Time : 06/01/2021

Registered in Merimen: 06/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMQ 9491M

Claim No. : _____

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$ D.O.A : 31/12/2020 17:25

Place of Accident : Woodlands Ave 3, Singapore

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

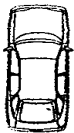
If **NO**, Driver Name / Age :

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

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

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

SMM 7920B



INRS:
WSP: OPTIMA
Tel : WERKZ
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time						
	SMM 7920B SMQ 9491M		NA/AIG21000172/h4 ; 31.12.2020		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: ☐ ☐	
PRELIMINARY ADVICE			Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐	
					Others: ☐ ☐	
FINALIZATION			Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	P/P	S\$ 2,344.04	(4 days)	Reduction: \$2,100.04	% 47	Email ☐ Call ☐
FINAL SETTLEMENT			Date/Time: 07/04/2021	Confirm with KAITLYN	Email ☒ Call ☐	
Final Liability:	% 100	(Agreed / Assessed)		BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 2,508.12	W/GST				
Loss of Rental (LOR):	S\$ 500.00	(5 days)	x \$100			
Loss of Use (LOU):	S\$ (\$ x 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 Settle				
Disbursement:	S\$	(e.g. Tow/ Independent) 2) Report Format: TP				
Legal Cost	S\$	3) Survey fee: \$320.00				
Total:	S\$ 3,010.12	Global Sum S\$:				
FINAL PAYMENT			Date/Time:	Confirm with:	Email ☒ Call ☐	
Payee 1:	S\$ 3,010.12	Name 1:	OPTIMA WERKZ PTE LTD			
Payee 2: (Strike if N.A.)	S\$	Name 2:				
Payee 3: (Strike if N.A.)	S\$	Name 3:				