

ASSIGNMENT

Surveyor: Kenneth

DOI: 29/01/2021

Date / Time : 29/01/2021

Registered in Merimen: 29/01/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 5619A

Claim No. : _____

Name of Insured : KOK CHIN WU

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 27/01/2021

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**

EV 9983D



INSRS:
WSP: _____
Tel : OPTIMA WERKZ
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
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RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	EV 9983D : NA/INC15011366/r3 ; DOA : 07/07/2015	STAGE	DATE / PIC
	SLC 5619A : CS/INC17004108/Gvbs2 ; DOA : 19/02/2017	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"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
		Others:	<input type="checkbox"/>	<input type="checkbox"/>

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P S\$ 2258.00 (2 days) Reduction: \$10,440.33 % 82		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: 15/06/2021 Confirm with KAITLYN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2,416.06 W/GST	
Loss of Rental (LOR): S\$ _____ (_____ days)	
Loss of Use (LOU): S\$ 180.00 (\$ 60 x 3 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 + LO <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ 2.00	
Medical: S\$ _____	

Disbursement: S\$ _____ (e.g. Tow/ Independent)	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Legal Cost S\$ _____	2) Report Format: TP
Total: S\$ 2,598.06 Global Sum S\$:	3) Survey fee: \$320.00

FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ 2,598.06	Name 1: OPTIMA WERKZ PTE LTD	

Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____