

ASSIGNMENT

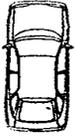
Surveyor: Kenneth

DOI: 07/04/2021

Date / Time : 07/04/2021

Registered in Merimen: 07/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKH 3172U
 Name of Insured : Unique Tourist Service Pte Ltd
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : 06/04/2021
 Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

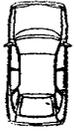
If NO, Driver Name / Age :

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

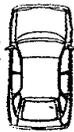
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

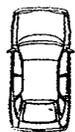
SLT 1444Z



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



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



INSRS:
 WSP:
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INSRS:
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Date/ Time	STAGE	DATE / PIC
	SLT 1444Z : CS/AIG19017763/Uyf3n2 ; DOA : 04/10/2019	
	SKH 3172U : X	
	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: L/S S\$ \$8,150.00 (7 days) Reduction: \$8,585.00 % 51		Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT Date/Time: <u>15/06/2021</u> Confirm with <u>KAITLYN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>29c</u>	If NO or B 28, Ass. Lia :

Repair Cost: <u>8720.50</u> S\$ <u>4,360.25</u> W/GST	
Loss of Rental (LOR): <u>1080</u> S\$ <u>540.00</u> (9 days) x \$120	
Loss of Use (LOU): S\$ (\$ x days)	
Loss of Income (LOI): S\$ (\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOU <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ <u>7.45</u>	
Medical: S\$	1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: S\$ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost S\$	3) Survey fee: <u>\$320.00</u>

Total: S\$ <u>4,907.70</u> Global Sum S\$:
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FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: S\$ <u>4,907.70</u>	Name 1: <u>OPTIMA WERKZ PTE LTD</u>	

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