

**ASSIGNMENT**

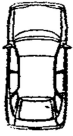
Surveyor: Kenneth

DOI: 05/10/2021

Date / Time : 05/10/2021

Registered in Merimen: 05/10/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SKM 3959R

Claim No. : \_\_\_\_\_

Name of Insured : Goh Gek Suan Jessica

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

Excess Sec II :\$                     D.O.A : 03/10/2021

Place of Accident : \_\_\_\_\_

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

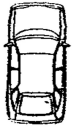
If NO, Driver Name / Age :

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

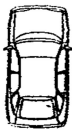
Driver Tel No. : \_\_\_\_\_ (V/L: YES / NO )

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

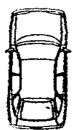
**SMX 5283L**



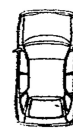
INSRS:  
WSP: OPTIMA WERKZ  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
	SMX 5283L : X ; SKM 3959R : X	
06/10/2021	OINR *** SENT OUT FIRST NON-REPORTING LETTER	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	<b>Documentation Check List:</b> 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"/>
<b>PRELIMINARY ADVICE</b> Date/Time:	Sent By:	
<b>FINALIZATION</b> Date/Time:	Confirm with:	Confirm by: <b>KSC</b>
Repair Cost: <b>L/S</b> S\$ <b>3,050.00</b> ( <b>2</b> days' Reduction: <b>45</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <b>09.11.21</b> Confirm with <b>JOSEPH</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b> S\$ <b>3,263.50</b>	<b>OI REAR ENDED TP</b>	
Loss of Rental (LOR): S\$ - ( days)		
Loss of Use (LOU): S\$ <b>300.00</b> (\$ <b>100</b> x <b>3</b> 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 + LC <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <b>2.00</b>		
Medical: S\$ -	1) Claim status: Normal/Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent )	2) Report Format: <b>TP</b>	
Legal Cost S\$ -	3) Survey fee: <b>\$320</b>	
<b>Total:</b> S\$ <b>3,565.50</b>	<b>Global Sum S\$:</b>	
<b>FINAL PAYMENT</b> Date/Time: <b>09.11.21</b> Confirm with: <b>JOSEPH</b>	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ <b>3,565.50</b> Name 1: <b>OPTIMA WERKZ PTE LTD</b>		
Payee 2: (Strike if N.A.) S\$ Name 2:		
Payee 3: (Strike if N.A.) S\$ Name 3:		