

**ASSIGNMENT**

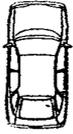
Surveyor: Thevan

DOI: 07/10/2021

Date / Time : 07/10/2021

Registered in Merimen: 07/10/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : FBL 2423M

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

Name of Insured : SUDIRMAN BIN HUSSEIN

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 04/10/2021

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

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

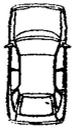
If NO, Driver Name / Age :

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

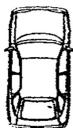
Driver Tel No. : \_\_\_\_\_ (V/L:  YES / NO )

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

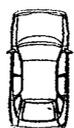
**FBR 3923Z**



INSRS:  
WSP: **KARZ WORK**  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
FBR 3923Z : FBL 2423M :	NA/SMO21010305/r3 ; DOA : 04/10/2021	
	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>	<b>Handler</b> <b>Typist</b>
	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"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent By: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: **TTK**

Repair Cost: **LS** S\$ **2,950.00** ( **4** days' Reduction: **74%** ) Email  Call

**FINAL SETTLEMENT** Date/Time: **17.04.22** Confirm with **KARZ** Email  Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia :

Repair Cost: S\$ **2,950.00** **OID CHARGED FOR CARELESS DRIVING**

Loss of Rental (LOR): S\$ - ( \_\_\_\_\_ days)

Loss of Use (LOU): S\$ **150.00** (\$ **30** x **5** days)

Loss of Income (LOI): S\$ - (\$ \_\_\_\_\_ x \_\_\_\_\_ days)

LOR only  LOU only  LOR + LOU  LOR + LC  [Tick only one]

GIA/LTA Search S\$ **36.45**

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent )

Legal Cost S\$ -

**Total:** S\$ **3,136.45** **Global Sum S\$: 3,130.00**

**FINAL PAYMENT** Date/Time: **17.04.22** Confirm with: **KARZ** Email  Call

Payee 1: S\$ **3,130.00** Name 1: **KARZ WORKS PTE LTD**

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

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

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: **TP**
- 3) Survey fee: **\$320**