

ASSIGNMENT

Surveyor:

Kenneth

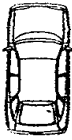
DOI:

25/10/2021

Date / Time :

22/10/2021

Registered in Merimen:

Pre-assign / CCU / FTEInsured Vehicle No. : **GBD 4484R**

Claim No. : _____

Name of Insured : **DISTINCTIDENTITY PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **05/10/2021**Place of Accident : **OCEAN DR**

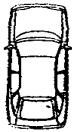
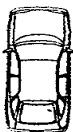
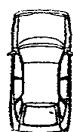
Is driver the owner? (YES / NO) Nature of Accident : _____

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****SMR 3754P**INSRS:
WSP:OPTIMA WERKZ
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMR 3754P : X	STAGE
	GBD 4484R : CS/CTI18004900/Arbq2 ; DOA : 12/03/2018	DATE / PIC
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
	TPV: AUDI A1 - 999cc	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
	CLAIMANT: THEODORE VAN GOH SING SHANG	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:
Repair Cost: P/P	S\$ \$5,568.00 (5 days) Reduction: \$5,276.50 % 49	Confirm by:
		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/02/2022 Confirm with JOSEPH	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 5,957.76 W/GST	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 300.00 (\$ 60 x 5 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [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: \$400.00
Total:	S\$ 6,259.76	Global Sum S\$: 6,250.00
FINAL PAYMENT	Date/Time:	Confirm with:
		Email ☒ Call ☐
Payee 1:	S\$ 6,250.00	Name 1: OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: