

**ASSIGNMENT**

Surveyor: Kenneth

DOI: 12/11/2021

Date / Time : 12/11/2021

Registered in Merimen: 12/11/2021

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GBG 6362E

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

Name of Insured : Dynamicwerkz Pte Ltd

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

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

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

Excess Sec II :S\$ \_\_\_\_\_ D.O.A : 11/11/2021

Place of Accident : SIMS AVENUE EAST BEFORE JUNCTION OF JALAN MASJID

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**

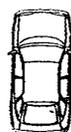
**SNC 6263L**



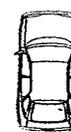
INSRS: \_\_\_\_\_  
WSP: OPTIMA WERKZ  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



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RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date/ Time	SNC 6263L : X ; GBG 6362E : X		STAGE	DATE / PIC
18/11/2021	- 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:	
	CLAIMANT: ENRICH AUTO LEASING		After call ltr to OI:	
	TPV:TOYOTA SIENTA - 1496cc		<b>Documentation Check List: Handler Typist</b>	
			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"/>
<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____			Confirm by: _____	
Repair Cost: L/S	S\$ \$5,250.00	( 6 days) Reduction: \$5,451.75 % 51	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: 10/03/2022 Confirm with JOSEPH			Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : 14a	If NO or B 28, Ass. Lia :		
Repair Cost: 5617.50	S\$ 2,808.75 W/GST			
Loss of Rental (LOR):	S\$ ( days)			
Loss of Use (LOU): 360	S\$ 180.00 (\$ 60 x 6 days)			
Loss of Income (LOI):	S\$ (\$ x days)			
LOR only <input type="checkbox"/>	LOU only <input checked="" type="checkbox"/>	LOR + LOU <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$ 2.00			
Medical:	S\$	1) Claim status: <input type="checkbox"/> Normal/Reject/Private Settle		
Disbursement:	S\$ (e.g. Tow/ Independent )	2) Report Format: TP		
Legal Cost	S\$	3) Survey fee: \$320.00		
<b>Total:</b>	S\$ 2,990.75	<b>Global Sum S\$:</b> 2,990.00		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____			Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 2,990.00	Name 1:	OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		