

ASSIGNMENTSurveyor: KennethDOI: 16/11/2021Date / Time : 16/11/2021Registered in Merimen: 16/11/2021**Pre-assign / CCU / FTE**Insured Vehicle No. : GBA 4510PClaim No. : 3151042553SGName of Insured : CHIANG KANG ENTERPRISES CO (PTE) LTDPolicy No. : 999993571

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/11/2021Place of Accident : HOUGANG AVE 8Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)Insured Liability : _____ % **Final ? Yes / No****SLG 6933P**INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SLG 6933P : NA/INC18006051/k4 ; DOA : 03/04/2018	STAGE
	GBA 4510P : X	DATE / PIC
		Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	CLAIMANT: CRAFT LEASING PTE LTD	Notification ltr (if non-pickup):
		Call OI:
	TPV: MAZDA 3 - 1496cc	After call ltr to OI:
		Documentation Check List: Handler Typist
		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: _____	Confirm by: _____
Repair Cost: L/S	S\$ \$8,450.00 (8 days) Reduction: \$4,932.00 % 37	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/03/2022 Confirm with JOSEPH	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 9,041.50 W/GST	
Loss of Rental (LOR):	S\$ (days)	
Loss of Use (LOU):	S\$ 600.00 (\$ 60 x 10 days)	
Loss of Income (LOI):	S\$ (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S\$ 7.45	
Medical:	S\$	1) Claim status: ☒ Normal/Reject/Private Settle
Disbursement:	S\$ 107.00 W/GST (e.g. ☒ Independent)	2) Report Format: TP
Legal Cost	S\$	3) Survey fee: \$320.00
Total:	S\$ 9,755.95 Global Sum S\$: 9,700.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ 9,700.00 Name 1: OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	