

ASSIGNMENTSurveyor: **KENNETH**

DOI: _____

Date / Time : _____

Registered in Merimen: **17/12/2021****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLA 8808L**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **16/12/2021**

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****SMW 8522H**INSRS:
WSP: **OPTIMA**
Tel : **WERKZ**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMW 8522H - X	Non-Reporting ltr (1st):	
	SLA 8808L - CC4/III20009760/Uba3q2; 29/08/2020	Non-Reporting ltr (2nd):	
	CS/AIG19021391/Uvd3e2 ; 27/11/2019	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		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:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: KSC		
Repair Cost: L/S	S\$ 4,350.00 (5 days) Reduction: 57 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 06.04.22 Confirm with JOSEPH Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST	S\$ 4,654.50	OI REAR ENDED TP	
Loss of Rental (LOR): w/GST	S\$ 973.70 (7 days) x \$130		
Loss of Use (LOU):	S\$ - (\$ x days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [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: \$320	
Total:	S\$ 5,630.20 Global Sum S\$: 5,630.00		
FINAL PAYMENT	Date/Time: 06.04.22 Confirm with: JOSEPH Email ☐ Call ☐		
Payee 1:	S\$ 5,630.00 Name 1: OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.)	S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____ Name 3: _____		