

ASSIGNMENT

Surveyor: KENNETH DOI: 10/01/2022 Date / Time : 10/01/2022
 Registered in Merimen: 11/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SMD 8625U Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 06.01.2022 15:00 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**

SMN 1272Y



INSRS: _____
 WSP: **OPTIMA WERKZ**
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____



INSRS: _____
 WSP: _____
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INSRS: _____
 WSP: _____
 Tel : _____
 Liability : _____
 RMKS: _____

Date/ Time		STAGE	DATE / PIC
	SMN 1272Y - X		
	SMD 8625U - CC3/AIG19002462/R1ea3q2; 09/02/2019	Non-Reporting ltr (1st):	
	CC3/AIG19002847/T1sd3e2; 09/02/2019	Non-Reporting ltr (2nd):	
		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)	<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"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by: KSC	
Repair Cost: L/S S\$ 3,050.00 (3 days) Reduction: 59 %		Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 04.05.22 Confirm with JOSEPH		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 3,263.50		OID REAR ENDED TP	
Loss of Rental (LOR): S\$ - (days)			
Loss of Use (LOU): S\$ 500.00 (\$ 100 x 5 days)			
Loss of Income (LOI): S\$ - (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search S\$ 7.45			
Medical: S\$ -		1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement: S\$ 100.00 (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$320	
Total: S\$ 3,870.95	Global Sum S\$: 3,870.00		
FINAL PAYMENT Date/Time: 04.05.22 Confirm with: JOSEPH		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 3,870.00	Name 1: OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		