

ASSIGNMENT

Surveyor: KENNETH DOI: 22/3/2022 Date / Time : 22/03/2022
 Registered in Merimen: 22/03/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SJG 6036C Claim No. : 3569110786SG
 Name of Insured : _____ Policy No. : 7210075107
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 18.03.2022 18:50 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**

SMX 6531P



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
	SMX 6531P - X		
	SJG 6036C - CI/AIG22002313/Dq; 17/10/2021	Non-Reporting ltr (1st):	
	CS3/AIG21010789/Gvf3n2; 17/10/2021	Non-Reporting ltr (2nd):	
	NA/CTI21010713/r3 ; 17/10/2021	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:		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Sent By:	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: KSC
Repair Cost: P/P S\$ 1,484.08 (1 days) Reduction: 48 %		Email <input type="checkbox"/>	Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 01.07.22 Confirm with JOSEPH		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 1,587.97		OID ENCROACHED TP WHILE TURNING BEND	
Loss of Rental (LOR): S\$ - (- days)			
Loss of Use (LOU): S\$ 60.00 (\$ 60 x 1 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\$ 2.00			
Medical: S\$ -		1) Claim status: Normal/ Reject/Dispute/Settle	
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$320	
Total: S\$ 1,649.97	Global Sum S\$:		
FINAL PAYMENT Date/Time: 01.07.22 Confirm with: JOSEPH		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1: S\$ 1,649.97	Name 1: OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		