

ASSIGNMENT

Surveyor: Kenneth DOI: 15/08/2022 Date / Time : 10.08.2022
 Registered in Merimen: 10.08.2022

Pre-assign / CCU / FTE



Insured Vehicle No. : GBL 9036B Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 06.08.2022 17:02 Place of Accident : ECP
 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**

SMZ 3573C →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SMZ 3573C - X | GBL 9036B - X | STAGE | DATE / PIC |
|--|--|-------------------------------------|---|--------------------------|
| | | | Non-Reporting ltr (1st): | |
| | | | 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"/> |
| | | | 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"/> |
| | | | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | | |
| FINALIZATION | Date/Time: | Confirm with: | Confirm by: | |
| Repair Cost: Part by Part | S\$ 15,054.10 (6 days) Reduction: 50 % | | Email <input type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT | Date/Time: 10/03/2023 Confirm with Joseph | | Email <input checked="" 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: with GST | S\$ 16,107.89 | | | |
| Loss of Rental (LOR): | S\$ (days) | | | |
| Loss of Use (LOU): | S\$ 600.00 (\$ 100 x 6 days) | | | |
| Loss of Income (LOI): | S\$ (\$ x days) | | | |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] | | | | |
| GIA/LTA Search | S\$ 2.00 | | | |
| Medical: | S\$ | | | |
| Disbursement: | S\$ (e.g. Tow/ Independent) | | 1) Claim status: Normal/Reject/Private Settle | |
| Legal Cost | S\$ | | 2) Report Format: TP | |
| Total: | S\$ 16,709.89 | Global Sum S\$: | 3) Survey fee: \$320 | |
| FINAL PAYMENT | Date/Time: | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: | S\$ 16,709.89 | Name 1: OPTIMA WERKZ PTE LTD | | |
| Payee 2: (Strike if N.A.) | S\$ | Name 2: | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | |