

ASSIGNMENTSurveyor: **KENNETH**DOI: **13/09/2022**Date / Time : **13/09/2022**Registered in Merimen: **13/09/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SMN 9496R**

Claim No. : _____

Name of Insured : **BIS MOTORING PTE LTD**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **09/09/2022 10:49**Place of Accident : **PIE TOWARDS CHANGI**

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : **CHIA SOON HAI**

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No****SLR 962L**INSRS:
WSP: **OPTIMA WERKZ**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SMN 9496R - X**SLR 962L**

Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By
 NA/INC19003369/z4 22/02/2019 CHAN YEOW HONG (ZHAN XIAOHONG) SLR 962L FBC 5130K 22/02/2019 25/02/2019 HZT
 NA/INC19004421/z4 11/03/2019 CHAN YEOW HONG (ZHAN XIAOHONG) SLR 962L SK 7111G 11/03/2019 14/03/2019 HZT
 NBA/MSG19003890/Y 01/03/2019 KANE ONG WOON CHONG FBC 5130K SLR 962L 22/02/2019 08/07/2019 RBA

STAGE DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (3rd):

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:

Repair Cost: **L/SUM** S\$ **14,750.00** (**12** days) Reduction: **50** %Email ☐ Call ☐**FINAL SETTLEMENT** Date/Time: **13/12/2022** Confirm with **Kaitlyn**Email ☒ Call ☐Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **28**If NO or B 28, Ass. Lia : **0**Repair Cost: **w/GST** S\$ **15,782.50**

Loss of Rental (LOR): S\$ _____ (_____ days)

Loss of Use (LOU): S\$ **1,120.00** (\$ **80** x **14** 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\$ _____

Disbursement: S\$ **110.00** (e.g. **Tow** Independent)

Legal Cost S\$ _____

1) Claim status: Normal/Reject/Private Settle

2) Report Format: **TP**3) Survey fee: **\$350.00****Total:** S\$ **17,014.50****Global Sum S\$:****FINAL PAYMENT**

Date/Time:

Confirm with:

Email ☒ Call ☐Payee 1: S\$ **17,014.50** Name 1: **Optima Werkz Pte Ltd**

Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____

Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____