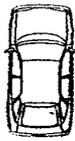


ASSIGNMENT

Surveyor: Kenneth DOI: 27/09/2022 Date / Time : 26.09.2022
 Registered in Merimen: 26.09.2022

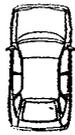
Pre-assign / CCU / FTE



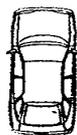
Insured Vehicle No. : SGA 1002A Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :S\$ _____ D.O.A : 24.09.2022 14:35 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

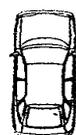
SLP 989X →



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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | SLP 989X - X | SGA 1002A - 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"/> |
| PRELIMINARY ADVICE Date/Time: | | Sent By: | Post-Repair Photos: | <input type="checkbox"/> |
| | | | Others: | <input type="checkbox"/> |
| FINALIZATION Date/Time: | | Confirm with: | Confirm by: | |
| Repair Cost: Part by Part S\$ 6,401.79 (6 days) Reduction: 38 % | | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| FINAL SETTLEMENT Date/Time: 28/06/2023 Confirm with Joseph | | | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9 | | | If NO or B 28, Ass. Lia : | |
| Repair Cost: with GST S\$ 6,849.91 | | | | |
| Loss of Rental (LOR): S\$ _____ (_____ days) | | | | |
| Loss of Use (LOU): S\$ 700.00 (\$ 100 x 7 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 Settlement | |
| Disbursement: S\$ _____ (e.g. Tow/ Independent) | | | 2) Report Format: TP | |
| Legal Cost S\$ _____ | | | 3) Survey fee: \$320 | |
| Total: S\$ 7,551.91 Global Sum S\$: | | | | |
| FINAL PAYMENT Date/Time: | | Confirm with: | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> | |
| Payee 1: S\$ 7,551.91 Name 1: OPTIMA WERKZ PTE LTD | | | | |
| Payee 2: (Strike if N.A.) S\$ _____ Name 2: | | | | |
| Payee 3: (Strike if N.A.) S\$ _____ Name 3: | | | | |