

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : **31.10.2022**Registered in Merimen: **31.10.2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SJP 9594R**

Claim No. : _____

Name of Insured : **TEO WEI QIANG**Policy No. : **SP2003054958**

Insured Tel No. : _____ HP: _____

Make / Model : **Toyota Wish**Excess Sec II : \$ _____ D.O.A : **29/10/2022 00:30**Place of Accident : **BUKIT PANJANG RD TO BUKIT PANJANG RING RD (FILTER LANE)**

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****SMJ 5797U**INSRS:
WSP: **SpeedWerkz**
Tel : **Pte Ltd**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
SMJ 5797U	CG6/CTH19010583/Udb3s2 26/12/2019 SMJ 5797U SKC 5999P 13/06/2019 30/12/2019 LSP NA/INC19010608/k4 14/06/2019 LIM HNG YONG SMJ 5797U SKC 5999P 13/06/2019 18/06/2019 KSG NA/INC19014910/h4 23/08/2019 MUHAMMAD ARIEF BIN ARIS FR 3742G SMJ 5797U SKC 5999P 13/06/2019 12/06/2019 LSH	
SJP 9594R	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CS3/INC12003200/Ufn 03/05/2012 GBB 8264T SJP 9594R 13/02/2012 04/05/2012 LPY	
	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐
		Others: ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/SUM S\$ 5,000.00 (5 days) Reduction: 79 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 09/03/2023 Confirm with JULIE		Email ☒ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 5,000.00		
Loss of Rental (LOR): S\$ 600.00 (6 days) X \$100		
Loss of Use (LOU): S\$ (\$ x days)		
Loss of Income (LOI): S\$ (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search S\$ 7.45		
Medical: S\$		1) Claim status: Normal/Reject/Private Settlement
Disbursement: S\$ (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$		3) Survey fee: \$350.00
Total: S\$ 5,607.45	Global Sum S\$:	
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1: S\$ 5,607.45	Name 1: SPEEDWERKZ PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	