INS. CASE OWNER:	LOH Cynthia	CC4/ASM22011000/Upa3	LKK:
			IDAC: 289608

ASSIGNMENT

Surveyor: **MARCUS** DOI: 03/11/2022   Date / Time : 03/11/2022
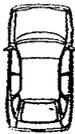
Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMJ 7447S	Claim No. :	S2M04DZL
Name of Insured :	TAN KIM LEE	Policy No. :	GA562604
Insured Tel No. :	HP:	Make / Model :	

Excess Sec II :S$ D.O.A : 01/11/2022 18:40   Place of Accident : ALONG PIE IN DIRECTION OF PIONEER ROAD NORTH

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**

SLV 2845H →   _____ →   _____   _____ →   _____

INSRS: WSP: SPEEDWERKZ PTE LTD Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SLV 2845H - X	SMJ 7447S - 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)	☐	☐
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$ **10,000.00** (**9** days) Reduction: **60** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 12/01/2023 Confirm with: JULIE   Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ 10,000.00	
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 Settle~~
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ **10,607.45** **Global Sum S$:** 10,600.00	

FINAL PAYMENT Date/Time: _____   Confirm with: _____   Email ☑ Call ☐

Payee 1:	S$ 10,600.00	Name 1:	SPEEDWERKZ PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	