

ASSIGNMENTSurveyor: MarcusDOI: 11/01/2023Date / Time : 05.01.2023Registered in Merimen: 05.01.2023**Pre-assign / CCU / FTE**Insured Vehicle No. : SMZ 4974Y

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 03/01/2023 19:45Place of Accident : Jalan Sultan Iskandar CIQ Jb - Singapore

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

, Kim Teng Park, 80300 Johor Bahru, Johor, Malaysia**TOWARDS SINGAPORE**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**SJE 3088HINSRS:
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	Reported By	DATE / PIC
SJE 3088H -	NBA/AIG16024245/Y 20/12/2016 YEE WAI KEAT SJE 3088H SJE 6114S 19/12/2016 23/12/2016 RBW	Non-Reporting ltr (1st):	
SMZ 4974Y -	NBA/AIG23000084/Y 04/01/2023 YEE WAI KEAT SJE 3088H SMZ 4974Y 03/01/2023 RBA	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: <u>L/Sum</u>	S\$ <u>1,200.00</u>	(<u>2</u> days) Reduction: <u>91</u> %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: <u>23/07/2023</u>	Confirm with <u>Julie</u>	Email ☒ Call ☐
Final Liability:	% <u>50</u>	(Agreed / Assessed) BOLA S/N No. : <u>19</u>	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ <u>600.00</u>	(<u>\$1,200.00</u>)	
Loss of Rental (LOR):	S\$ _____	(_____ days)	
Loss of Use (LOU):	S\$ <u>100.00</u>	(\$ <u>100</u> x <u>2</u> days) (<u>\$200.00</u>)	
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ <u>26.75</u>		
Medical:	S\$ _____		1) Claim status: Normal/ Reject/Private Settlement
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost	S\$ _____		3) Survey fee: <u>\$320</u>
Total:	S\$ <u>726.75</u>	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒ Call ☐
Payee 1:	S\$ <u>726.75</u>	Name 1: <u>SPEEDWERKZ PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:	