

ASSIGNMENT

Surveyor: MARCUS DOI: 09/01/2023 Date / Time : 09/01/2023
 Registered in Merimen: 09/01/2023

Pre-assign / CCU / FTE



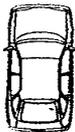
Insured Vehicle No. : SGC 7777Y Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 06/01/2023 16:55 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____

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**

SGH 2448D →



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	Entry Date	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	RA	Created By	DATE / PIC	
SGH 2448D	09/01/2023	SIM GUAN SING	SGH 2448D	SGC 7777Y	06/01/2023	06/01/2023	RA	Non-Reporting Itr (1st):		
SGC 7777Y	09/01/2023	SIM GUAN SING	SGH 2448D	SGC 7777Y	06/01/2023	06/01/2023	RA	Non-Reporting Itr (2nd):		
								Non-Reporting Itr (Final):		
								Notification Itr (if non-pickup):		
								Call OI:		
								After call Itr to OI:		
								Documentation Check List:	Handler Typist	
								Notification Itr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>	
								After call Itr to OI:	<input type="checkbox"/> <input type="checkbox"/>	
								Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>	
								Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>	
								Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>	
								Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>	
								Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>	
								LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>	
								Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>	
								PIR:	<input type="checkbox"/> <input type="checkbox"/>	
								Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>	
								LOD	<input type="checkbox"/> <input type="checkbox"/>	
								Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>	
PRELIMINARY ADVICE	Date/Time:						Sent By:			
								Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>	
								Others:	<input type="checkbox"/> <input type="checkbox"/>	
FINALIZATION	Date/Time:						Confirm with:	Confirm by:		
Repair Cost:	L/Sum	S\$ 7,400.00	(6 days)	Reduction:	63 %	Email <input type="checkbox"/> Call <input type="checkbox"/>				
FINAL SETTLEMENT	Date/Time:	26/06/2023	Confirm with		Julie	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>				
Final Liability:	%	100	(Agreed / Assessed)		BOLA S/N No. :	If NO or B 28, Ass. Lia :				
Repair Cost:	S\$	7,400.00								
Loss of Rental (LOR):	S\$	1,040.00	(8 days)	@\$130						
Loss of Use (LOU):	S\$		(\$ x days)							
Loss of Income (LOI):	S\$		(\$ x days)							
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]						
GIA/LTA Search	S\$	26.75								
Medical:	S\$									
Disbursement:	S\$	50.00	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settlement					
Legal Cost	S\$				2) Report Format: TP					
Total:	S\$	8,516.75	Global Sum S\$:		3) Survey fee: \$320					
FINAL PAYMENT	Date/Time:						Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	S\$	8,516.75	Name 1:	SPEEDWERKZ PTE LTD						
Payee 2: (Strike if N.A.)	S\$		Name 2:							
Payee 3: (Strike if N.A.)	S\$		Name 3:							