

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. : SNB 9416Z Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :\$ _____ D.O.A : 05/01/2023 17:38 Place of Accident : CTE EXIT LENTOR AVENUE
 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**

SMW 2562G



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
	SMW 2562G- NBA/TMI23000215/Y 06/01/2023 . NURASHIDA BTE ABDULLAH @ TONG CHUI LENG	SMW 2562G SNB 9416Z	05/01/2023 RBA
	SNB 9416Z - NBA/TMI23000215/Y 06/01/2023 . NURASHIDA BTE ABDULLAH @ TONG CHUI LENG	SMW 2562G SNB 9416Z	05/01/2023 RBA
		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"/> <input type="checkbox"/>
		After call ltr 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"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____		Confirm by: _____
Repair Cost: L/Sum	\$S 6,300.00 (6 days) Reduction: 65 %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 13/07/2023 Confirm with Julie		Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost:	\$S 6,300.00		
Loss of Rental (LOR):	\$S _____ (_____ days)		
Loss of Use (LOU):	\$S 360.00 (\$ 60 x 6 days)		
Loss of Income (LOI):	\$S _____ (\$ _____ x _____ days)		
LOR only <input 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 _____		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S 80.00 (e.g. Tow/Independent)		2) Report Format: TP
Legal Cost	\$S _____		3) Survey fee: \$320
Total:	\$S 6,766.75	Global Sum \$S:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 6,766.75 Name 1: SPEEDWERKZ PTE LTD		
Payee 2: (Strike if N.A.)	\$S _____ Name 2: _____		
Payee 3: (Strike if N.A.)	\$S _____ Name 3: _____		