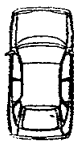


ASSIGNMENTSurveyor: **MARCUS**DOI: **23/02/2023**Date / Time : **23/02/2023**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SNB 7609Y**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : **14/02/2023 08:15**

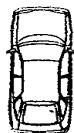
Place of Accident : _____

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****FBU 4642L**INSRS:
WSP: **Speed werkz**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	FBU 4642L - X		SNB 7609Y - 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\$ 3,500.00	(5 days)	Reduction: 59	%	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 09/06/2023	Confirm with Julie		Email ☒ Call ☐		
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 35e		If NO or B 28, Ass. Lia :		
Repair Cost:	S\$ 3,500.00					
Loss of Rental (LOR):	S\$ _____	(_____ days)				
Loss of Use (LOU):	S\$ 120.00	(\$ 20 x 6 days)				
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)				
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]		
GIA/LTA Search	S\$ 26.75					
Medical:	S\$ _____					
Disbursement:	S\$ 70.00	(e.g. Tow/ Independent)				
Legal Cost	S\$ _____					
Total:	S\$ 3,716.75	Global Sum S\$:				
FINAL PAYMENT	Date/Time:	Confirm with:		Email ☒ Call ☐		
Payee 1:	S\$ 3,716.75	Name 1:	SPEEDWERKZ PTE LTD			
Payee 2: (Strike if N.A.)	S\$ _____	Name 2:				
Payee 3: (Strike if N.A.)	S\$ _____	Name 3:				