

ASSIGNMENTSurveyor: MARCUSDOI: 10/03/2023Date / Time : 10/03/2023

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : GBC 9102R

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: _____

Make / Model : _____

Excess Sec II : \$

D.O.A : 09/03/2023 12:30

Place of Accident : _____

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ %

Final ? Yes / No

SNG 9552L

INSRS:

WSP: SPEEDWERKZTel : PTE LTD

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time			STAGE	DATE / PIC
	SNG 9552L - X	GBC 9102R - X	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: <u>L/Sum</u> S\$ <u>3,300.00</u> (<u>3</u> days) Reduction: <u>85</u> % Email ☐ Call ☐				
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	\$			
Loss of Rental (LOR):	\$	(days)		
Loss of Use (LOU):	\$	(\$ x days)		
Loss of Income (LOI):	\$	(\$ x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]
GIA/LTA Search	\$			
Medical:	\$			
Disbursement:	\$	(e.g. Tow/ Independent)		1) Claim status: <u>Normal/Reject/Private Settle</u>
Legal Cost	\$			2) Report Format: <u>WP</u>
Total:	\$	Global Sum \$:		3) Survey fee: <u>\$280</u>
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐				
Payee 1:	\$	Name 1:		
Payee 2: (Strike if N.A.)	\$	Name 2:		
Payee 3: (Strike if N.A.)	\$	Name 3:		

Reject Case

By (staff) : LINA
Approved by : Yw
Date : 22/03/23