

ASSIGNMENTSurveyor: **MARCUS**DOI: **28.06.2023**Date / Time : **28.06.2023**Registered in Merimen: **28.06.2023****Pre-assign / CCU / FTE**Insured Vehicle No. : **SGB 6556E**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : **27/06/2023 18:15**Place of Accident : **KJE TOWARDS CHANGI (BEFORE JALAN BAHAR)**

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****SLQ 5111Z**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	SLQ 5111Z - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	DATE / PIC
	NBA/FWD23006506/Y 28/06/2023 TEO WEI YANG SLQ 5111Z SGB 6556E 27/06/2023 RBA	
	SGB 6556E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By	
	CF/AIG08021010/Rgz1 18/08/2008 SFW 6511K SGB 6556E 10/07/2008 27/08/2008 TMC	
	NBA/FWD23006506/Y 28/06/2023 TEO WEI YANG SLQ 5111Z SGB 6556E 27/06/2023 RBA	
	NJA/INC08019780/z1 10/07/2008 CHEN LOONG MUI SFW 6511K SGB 6556E 10/07/2008 01/08/2008 TMC	
	Call OI:	
	After call ltr to OI:	
	Documentation Check List:	
	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:	S\$ (_____ days) Reduction: _____ % 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:	S\$	
Loss of Rental (LOR):	S\$ (_____ days)	
Loss of Use (LOU):	S\$ (\$ _____ x _____ days)	
Loss of Income (LOI):	S\$ (\$ _____ x _____ days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	
Legal Cost	S\$	
Total:	S\$ Global Sum S\$:	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐	
Payee 1:	S\$ Name 1: _____	
Payee 2: (Strike if N.A.)	S\$ Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ Name 3: _____	