

INS. CASE OWNER:

CD/CTI24090510/Kpa3

IDAC:

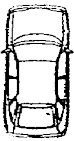
**ASSIGNMENT**

Surveyor:

**KENNETH**DOI: **30/09/2024**

Date / Time :

Registered in Merimen: \_\_\_\_\_

**Pre-assign / CCU / FTE**Insured Vehicle No. : **SMR 2815D**

Claim No. : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Make / Model : \_\_\_\_\_

**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : **22/09/2024**

Place of Accident : \_\_\_\_\_

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

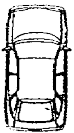
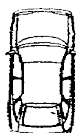
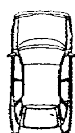
If **NO**, Driver Name / Age :

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

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

**Final ? Yes / No****SMA 5290L**INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

| Date/ Time                                                                                                                                                           |                                                  | 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:                        |                                                                         |
|                                                                                                                                                                      |                                                  | <b>Documentation Check List:</b>             | <b>Handler      Typist</b>                                              |
|                                                                                                                                                                      |                                                  | 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"/>                       |
| <b>PRELIMINARY ADVICE</b>                                                                                                                                            | Date/Time:                                       | Sent By:                                     | Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>   |
|                                                                                                                                                                      |                                                  |                                              | Others: <input type="checkbox"/> <input type="checkbox"/>               |
| <b>FINALIZATION</b>                                                                                                                                                  | Date/Time:                                       | Confirm with:                                | Confirm by:                                                             |
| Repair Cost: <b>L/SUM</b>                                                                                                                                            | S\$ <b>7,300.00</b>                              | ( <b>5</b> days) Reduction: <b>54</b> %      | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| <b>FINAL SETTLEMENT</b>                                                                                                                                              | Date/Time: <b>13/01/2025</b>                     | Confirm with <b>MICHELLE</b>                 | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                                                                                                                     | % <b>100</b>                                     | (Agreed / Assessed) BOLA S/N No. : <b>28</b> | If NO or B 28, Ass. Lia : <b>100</b>                                    |
| Repair Cost: <b>9%GST</b>                                                                                                                                            | S\$ <b>7,957.00</b>                              |                                              |                                                                         |
| Loss of Rental (LOR):                                                                                                                                                | S\$ (      days)                                 |                                              |                                                                         |
| Loss of Use (LOU):                                                                                                                                                   | S\$ <b>360.00</b> (\$ <b>60</b> x <b>6</b> days) |                                              |                                                                         |
| Loss of Income (LOI):                                                                                                                                                | S\$ (\$      x      days)                        |                                              |                                                                         |
| LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |                                                  |                                              |                                                                         |
| GIA/LTA Search                                                                                                                                                       | S\$ <b>33.18</b>                                 |                                              |                                                                         |
| Medical:                                                                                                                                                             | S\$                                              |                                              | 1) Claim status: Normal/ <del>Reject/Private Settle</del>               |
| Disbursement:                                                                                                                                                        | S\$ (e.g. Tow/ Independent )                     |                                              | 2) Report Format: <b>TP</b>                                             |
| Legal Cost                                                                                                                                                           | S\$                                              |                                              | 3) Survey fee: <b>\$400.00</b>                                          |
| <b>Total:</b>                                                                                                                                                        | S\$ <b>8,350.18</b>                              | <b>Global Sum S\$:</b>                       |                                                                         |
| <b>FINAL PAYMENT</b>                                                                                                                                                 | Date/Time:                                       | Confirm with:                                | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                                                                                                             | S\$ <b>8,350.18</b>                              | Name 1: <b>OPTIMA WERKZ PTE LTD</b>          |                                                                         |
| Payee 2: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 2:                                      |                                                                         |
| Payee 3: (Strike if N.A.)                                                                                                                                            | S\$                                              | Name 3:                                      |                                                                         |