15/5/2010

INS. CASE OWNER: Priya | CC 4, 111 1800 6781, KKa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 20/3/18 Date / Time: 20/3/18

Registered in Merimen: 20/3/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4085Z		Claim No. : MC1803049 6	
Name of Insured : GPL		Policy No. : MC0M0015	
Insured Tel No. :	HP:	Make / Model : H-140	
Excess Sec II :S$	D.O.A : 16/3/18	Place of Accident : AYE > CTY	
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age : Simon Lim Meng Han

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SFJ 8111 L → → →

INSRS: WSP: Optima Werkz Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
~~23/2~~	~~SFJ8111L - NBA(V011800508?)/Y : DOA 16/02/2018~~
~~2nd~~	~~SHB4085Z3 - CW/AXA1 60306591/141e6352 : DOA 16/3/18~~
28 03 2018	FILES REVIEWED. case of OID rear-ended TP. Liability is down against insured. Seek liability mandate via merimen.
20/9/18	File pass to typist type report
8/11/18	Mandate approve via Merimen

RECEIVED 21 NOV 2018

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: S$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: 16/11/18 Confirm with Sharon. Email Call

Final Liability:	% 100. (Agreed / Assessed) BOLA S/N No. : 27.	If NO or B 28, Ass. Lia : OID rear-ended TP
Repair Cost:	S$ 11481.75	
Loss of Rental (LOR):	S$ 1348.20 (7 days) X 192.60	
Loss of Use (LOU):	S$ ($ x days)	COPY SENT 14/11/18
Loss of Income (LOI):	S$ ($ x days)	
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] [Tick only one]		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	S$ 12829.95 Global Sum S$: 12800.00	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 12800.00	Name 1:	Optima Werkz Pte Ltd
Payee 2: (Strike N.A.)	S$	Name 2:	
Payee 3: (Strike N.A.)	S$	Name 3:	