INS. CASE OWNER: | CC 6 /AIG1801 1906, Kjang | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 19/6/18 Date / Time: 19/6/18
Registered in Merimen: 20/6/18

Pre-assign / CCU / FTE

Insured Vehicle No.: SLF 9726G Claim No.: 84573745655G
Name of Insured: UE Policy No.: AHAAA6144
Insured Tel No.: HP: Make / Model: MAZDA
Excess Sec II :S$ D.O.A.: 15/6/18 Place of Accident: WOODLANDS AVE 7 TURNING TO WOODLANDS AVE 2
Is driver the owner? (YES / NO) Nature of Accident:
If **NO**, Driver Name / Age: TAN HAN LEONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No.: (V/L: YES / NO) Insured Liability: % **Final ? Yes / No**

SLV 3977D → → →

INSRS: WSP: OPTIMA Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		
22/6/18	SLV3977D - X SLF9726G - Y	
3DY	OI HIT TP FROM REAR	
L 28-1-19	LOD IN. FOR MANDATE	

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	26/7-7-18
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: Email [ ] Call [ ]
Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: 14-2-19 Confirm with: SHARON Email [ ] Call [ ]
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 If NO or B 28, Ass. Lia.:
Repair Cost: GST S$ 9,210.39
Loss of Rental (LOR): GST S$ 1,926 (18 days) 100
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$ 7.45
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$ 11,143.84 **Global Sum S$:** 11,000.xx

COPY SENT 18/2/19

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]
Payee 1: S$ 11,000.xx Name 1: OPTIMA WERKZ PTE LTD
Payee 2: (Strike if N.A.) S$ ✗ Name 2: ✗
Payee 3: (Strike if N.A.) S$ Name 3: