

15/5/2010

INS. CASE OWNER: CHAN KIAN HONG

CC 6/AIG1802

LKK:

IDAC:

Surveyor:

Kenneth

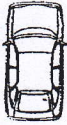
DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGQ 90

Name of Insured:

Wong Koo Hong

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

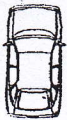
Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

OPTIMA WORKS



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
14/08/18	SGN 25015-4	Non-Reporting ltr (1st):	
	96290-4	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	16/08/19 - VIC
16/08/19		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:	PIR	SS 8,099.05 (6 days)	Reduction: 13 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 12/09/19	Confirm with: SHARON	Email ☐ Call ☐
Final Liability:	%	100 (Agreed / Assessed)	BOLA S/N No.:	11a
Repair Cost: (w/ GST)	SS	8,065.98		
Loss of Rental (LOR) (w/ GST)	SS	1,540.80 (8 days) X \$180		
Loss of Use (LOU):	SS	— (\$ x days)		
Loss of Income (LOI):	SS	— (\$ x days)		
LOR only ☒ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS	2.00		
Medical:	SS	—		
Disbursement:	SS	—	(e.g. Tow/ Independent)	
Legal Cost	SS	—		
Total:	SS	10,208.78	Global Sum SS:	10,000.00
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	SS	10,000.00	Name 1:	OPTIMA WORKS PTE LTD
Payee 2: (Strike if N.A.)	SS	—	Name 2:	—
Payee 3: (Strike if N.A.)	SS	—	Name 3:	—