15/5/2010

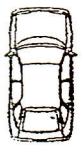
INS. CASE OWNER: JASON | CC 6 / AIG 180 21458 / Khaig | LKK: IDAC:

## ASSIGNMENT

Surveyor: KSL DOI: 29/11/2018 Date / Time: 28/11/18

Registered in Merimen: 28/11/18

**Pre-assign / CCU / FTE**



Insured Vehicle No. : GY5675 Claim No. : 1X

Name of Insured : Express Plastic Eng. P/L Policy No. :

Insured Tel No. : HP: Make / Model :

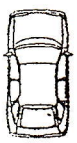
Excess Sec II :S$ D.O.A : 26-11-18 Place of Accident : Woodlands Ave 12

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

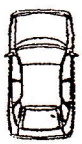
If NO, Driver Name / Age : Lim Xin You OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO ) Insured Liability : % **Final ? Yes / No**

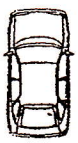
SMF 5156R → → →



INSRS:
WSP: Optima Workz
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | |
|---|---|
| | SMF 5156 R. X ; GY5675 - X |
| 6/12 NL | - DISALLOWED.<br>- TP LOD IN BY EMAIL<br>- WAITING DRIVER CALL BACK AS HE'S DRIVING |
| 4/4/19 @ 9:32 AM | - CALLED OID TO INFORM ACC DETAILS, TP CLAIM AND AWARE NCD ISSUES |
| 08/04/19 | - SENT 1ST OFFER TO TP.<br>- TP REJECTED OFFER. OF $8K (CALL IN) |
| 25/05/19 | - TYPE REPORT FOR MANDATE APPROVAL |
| 24/06/19 | - REPORT DONE<br>- SEEK MANDATE TO HG |
| 25/06/19 | - HG APPROVED MANDATE |
| 09/07/19 | - SENT 2ND OFFER TO TP.<br>- TP ACCEPTED OFFER.<br>- ALL DOCS IN ORDER.<br>- TO CLOSE. |

| 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: | > 4/4/19 - JL |

| 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: P/P S$ 7,151.56 ( 6 days) Reduction: 29 % Email ☐ Call ☐

**FINAL SETTLEMENT** Date/Time: 09/07/19 Confirm with SHARON Email ✓ Call ☐

| | | |
|---|---|---|
| Final Liability: | % 100 (Agreed / Assessed) BOLA S/N No. : 27 | If NO or B 28, Ass. Lia : OID REPAIR - ENDED TP |
| Repair Cost: (W/GST) | S$ 7,652.17 | |
| Loss of Rental (LOR): | S$ – ( days) | |
| Loss of Use (LOU): | S$ 480.00 ($60 x 8 days) | |
| Loss of Income (LOI): | S$ – ($ x days) | |
| LOR only ☐ LOU only ✓ | LOR + LOU ☐ LOR + LOI ☐ [Tick only one] | |
| GIA/LTA Search | S$ 2.00 | |
| Medical: | S$ – | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ – (e.g. Tow/ Independent ) | 2) Report Format: |
| Legal Cost | S$ – | 3) Survey fee: $320.00 |
| **Total:** | S$ 8,134.17 **Global Sum S$:** 8,100.00 | |

**FINAL PAYMENT** Date/Time: Confirm with: Email ☐ Call ☐

| | | | |
|---|---|---|---|
| Payee 1: | S$ 8,100.00 | Name 1: | OPTIMA WORKZ PTE LTD |
| Payee 2: (Strike if N.A.) | S$ – | Name 2: | – |
| Payee 3: (Strike if N.A.) | S$ – | Name 3: | – |