15/5/2010

INS. CASE OWNER: CC 6/EQI1901 3197, KH/63 | LKK: IDAC:

ASSIGNMENT

Surveyor: RSC DOI: 26/7/19. Date / Time : 26/7/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GV 8690G.

Name of Insured : MEMS ELECTRICAL ENGINEERING Claim No. :

Insured Tel No. : HP: Policy No. : OMP2018-007718.

Excess Sec II :S$ D.O.A : 24/7/19. Make / Model : Toyota

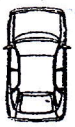
Is driver the owner? (YES / NO) Nature of Accident : Place of Accident : 47be upp serangoon view cp

If NO, Driver Name / Age : ANG CHIN MENG. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

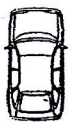
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SFZ 4595H →

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SFZ4595H — X GV8690G — X
31/7/19	Confirm accident details referred OUA.
	- PINACLE2D
	- TP LOD IN BY EMAIL
12/10/19	- SEND 1ST OFFER TO TP
14/10/19	- TP ACCEPTED OFFER.
	- NO DN REQUIRED.
	- ALL DOCS IN ORDER
	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	> 31/7/19 VLM
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: NO DN		
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: 29/07/19 Sent By: KH

FINALIZATION	Date/Time:	Confirm with:		Confirm by:
Repair Cost: L/O	S$ 5,400.00 (4 days)	Reduction: 29 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/10/19	Confirm with ANGELA		Email / Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL		If NO or B 28, Ass. Lia : COID COMBINED TO A PACK TP)
Repair Cost: (W/OUT)	S$ 5,775.00			
Loss of Rental (LOR) (W/OUT)	S$ 385.20 (3 days)	X $120.00		
Loss of Use (LOU):	S$ — ($ x days)			
Loss of Income (LOI):	S$ — ($ x days)			
LOR only / LOU only ☐	LOR + LOU ☐	LOR + LO ☐	[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: $100.00
Total:	S$ 6,163.20	**Global Sum S$:** —		

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Call ☐
Payee 1:	S$ 6,163.20	Name 1:	OPTIMA WORKZ PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—	
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—	