

15/5/2010

INS. CASE OWNER:

T00 CHH YAN

CC 6 /AIG1901

3378, E 663

LKK:

IDAC:

Surveyor:

fsc

DOI:

ASSIGNMENT

70/7/19

Date / Time :

30/3/19.

Registered in Merimen:

30/3/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMD 7328J

Name of Insured :

ZENH HANJIN

Insured Tel No. :

HP:

Excess Sec II :\$

D.O.A :

7/7/19.

Is driver the owner?

( YES / NO )

Nature of Accident :

Claim No. :

8879747164

Policy No. :

1800104326

Make / Model :

Mazda

Place of Accident :

THE WAREHOUSE ROAD KET

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SUB 88910



INSRS:

WSP:

Tel :

Liability :

RMKS:

OPTIMA



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time |  | 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:             | 01/08/19-VIC                        |
|            |  | Documentation Check List: Handler | Typist                              |
|            |  | Notification ltr (if non-pickup)  | <input type="checkbox"/>            |
|            |  | After call ltr to OI:             | <input checked="" type="checkbox"/> |
|            |  | Authorisation To Act:             | <input checked="" type="checkbox"/> |
|            |  | Release Voucher:                  | <input checked="" type="checkbox"/> |
|            |  | Final Repair Bill:                | <input checked="" type="checkbox"/> |
|            |  | Car Rental Invoice:               | <input checked="" type="checkbox"/> |
|            |  | Towing Invoice                    | <input type="checkbox"/>            |
|            |  | LTA / GIA:                        | <input checked="" type="checkbox"/> |
|            |  | Medical Bill:                     | <input type="checkbox"/>            |
|            |  | PIR:                              | <input type="checkbox"/>            |
|            |  | Mandate/Reject Instruction:       | <input checked="" type="checkbox"/> |
|            |  | LOD                               | <input checked="" type="checkbox"/> |
|            |  | Payment Breakdown Form:           | <input type="checkbox"/>            |
|            |  | Post-Repair Photos:               | <input type="checkbox"/>            |
|            |  | Others:                           | <input type="checkbox"/>            |

|                                                                                |                                    |                                    |                                                                         |
|--------------------------------------------------------------------------------|------------------------------------|------------------------------------|-------------------------------------------------------------------------|
| PRELIMINARY ADVICE                                                             | Date/Time:                         | Sent By:                           |                                                                         |
| FINALIZATION                                                                   | Date/Time:                         | Confirm with:                      | Confirm by:                                                             |
| Repair Cost: P/P                                                               | \$S 650.00                         | ( 3 days) Reduction: 43 %          | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| FINAL SETTLEMENT                                                               | Date/Time: 24/08/19                | Confirm with: ANGELA               | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |
| Final Liability:                                                               | % 100                              | (Agreed / Assessed) BOLA S/N No. : | 15                                                                      |
| Repair Cost: (w/loss)                                                          | \$S 695.50                         |                                    | 001 CHANGED CASE                                                        |
| Loss of Rental (LOR) (w/loss)                                                  | \$S 321.00                         | ( 3 days) x \$ 100                 |                                                                         |
| Loss of Use (LOU):                                                             | \$S -                              | ( \$ x days)                       |                                                                         |
| Loss of Income (LOI):                                                          | \$S -                              | ( \$ x days)                       |                                                                         |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> | LOR + LOU <input type="checkbox"/> | LOR + LO <input type="checkbox"/>  | [Tick only one]                                                         |
| GIA/LTA Search                                                                 | \$S 2.00                           |                                    |                                                                         |
| Medical:                                                                       | \$S -                              |                                    |                                                                         |
| Disbursement:                                                                  | \$S -                              | (e.g. Tow/ Independent )           |                                                                         |
| Legal Cost                                                                     | \$S -                              |                                    |                                                                         |
| Total:                                                                         | \$S 1,018.50                       | Global Sum \$S: -                  |                                                                         |
| FINAL PAYMENT                                                                  | Date/Time:                         | Confirm with:                      | Email <input type="checkbox"/> Call <input type="checkbox"/>            |
| Payee 1:                                                                       | \$S 1,018.50                       | Name 1:                            | OPTIMA WORKZ PTE LTD                                                    |
| Payee 2: (Strike if N.A.)                                                      | \$S -                              | Name 2:                            | -                                                                       |
| Payee 3: (Strike if N.A.)                                                      | \$S -                              | Name 3:                            | -                                                                       |