

INS. CASE OWNER:

CC6 / AIG 2000 0043 / Kb53

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

DOI:

Date / Time :

21/1/2020

Registered in Merimen:

21/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJS 209J

Claim No. : 5231338866SG

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : S\$ D.O.A : 29/12/19

Place of Accident :

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

If NO, Driver Name / Age :

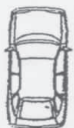
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO )

Insured Liability : % Final ? Yes / No

SJS 221A



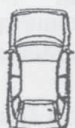
INSRS:

WSP: Optima Werkz

Tel :

Liability :

RMKS:



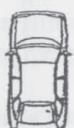
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

SJS 221A : NS / INC2000029 / Fv83; D.O.A: 29/12/19  
SJS 209J : X

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:

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:

11/09/2020 SETTLED AND CLOSED / FILE IN DRAWER

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: P/P S\$ 13,345.34 ( 6 days) Reduction: 14 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/09/2020 Confirm with: SHARON TEN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia : 0%

Repair Cost: (W/GST) S\$ 14,279.51

Loss of Rental (LOR): S\$ 1,280.00 ( 8 days) X \$160.00

3 veh.c.c.; OI 3rd car

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\$ 2.00

Medical: S\$ 99.00

Disbursement: S\$ (e.g. Tow/ Independent )

Legal Cost S\$

Total: S\$ 15,660.51 Global Sum S\$: 15,650.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TP  
\$320.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 15,650.00

Name 1: OPTIMA WERKZ PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: