

INS. CASE OWNER:

CC6 / A16 2000 / 677 / Kes3

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

31/1/2020

Date / Time :

31/1/2020

Registered in Merimen:

31/1/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFD 62D

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 18/1/2020

Place of Accident : _____

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

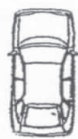
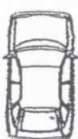
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % Final ? Yes / No

SKZ 399H

INSRS:
WSP: Optima werkz
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SKZ 399H : X	Non-Reporting ltr (1st):	
SPD 62D : CC6 / A16 2000 / 677 / Kes3 ; D.O.A : 18/1/2020	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:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐
		Others: ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: P/P S\$ 12,794.92 (6 days) Reduction: 15 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 23.02.21	Confirm with LILY	Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: w/GST S\$ 13,690.56		OI REVERSED HIT TP PARKED VEH
Loss of Rental (LOR): S\$ 2,000.00 (20 days) X \$100		
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\$ -		1) Claim status: Normal/ Reject/Private Settle
Disbursement: S\$ 50.00 (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$320
Total: S\$ 15,742.56	Global Sum S\$:	
FINAL PAYMENT Date/Time: 23.02.21	Confirm with: LILY	Email ☐ Call ☐
Payee 1: S\$ 15,742.56	Name 1: OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	