

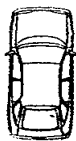
INS. CASE OWNER:

CC6/AIG20001746/Kea3

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SMQ 3704P**
 Name of Insured : _____
 Insured Tel No. : _____ HP: _____
Excess Sec II :S\$ _____ D.O.A : **24/01/2020**

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

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

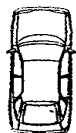
If **NO**, Driver Name / Age :

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

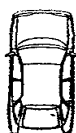
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ % **Final ? Yes / No**

SFE 1330T



INSRS:
WSP: **OPTIMA**
Tel :
Liability :
RMKS:



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:	
		Documentation Check List:	Handler
		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: KSC
Repair Cost: P/P S\$ 2,078.54	(4 days) Reduction: 18 %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: 19.10.20	Confirm with LILY	Email ☐ Call ☐
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :	
Repair Cost: w/GST S\$ 2,224.02	OID CHANGED LANE	HIT TP	
Loss of Rental (LOR) w/GST S\$ 513.60	(4 days) x \$120		
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\$ - (e.g. Tow/ Independent)		2) Report Format: TP	
Legal Cost S\$ -		3) Survey fee: \$320	
Total: S\$ 2,739.62	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 19.10.20	Confirm with: LILY	Email ☐ Call ☐
Payee 1: S\$ 2,739.62	Name 1: OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		