

INS. CASE OWNER: CC 6 / ALG 2000 2417 / Kds3 IDAC:

Surveyor: Kenneth DOI: 11/2/2020 Date / Time: 12/2/2020
 Registered in Merimen: 12/2/2020

Pre-assign / CCU / FTE

 Insured Vehicle No. : SLG 4403R Claim No. : _____
 Name of Insured : _____ Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :SS _____ D.O.A : 7/2/2020 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

SJF 657E → → → →

 INSRs: _____ WSP: Optima Werkz  INSRs: _____ WSP: _____  INSRs: _____ WSP: _____  INSRs: _____ WSP: _____
 Tel: _____ Tel: _____ Tel: _____ Tel: _____
 Liability: _____ Liability: _____ Liability: _____ Liability: _____
 RMKS: _____ RMKS: _____ RMKS: _____ 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 Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Confirm with: _____ Confirm by: _____
Repair Cost: S\$ 4,650.00 (5 days) Reduction: 56 % Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: 03/07/2020 Confirm with Lily Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :	
Repair Cost: (w/GST) S\$ 4,975.50	
Loss of Rental (LOR): (w/GST) S\$ 749.00 (7 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 + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search S\$ 17.00	
Medical: S\$ -	1) Claim status: Normal Revised Claim Status
Disbursement: S\$ 60.00 (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost S\$ -	3) Survey fee: \$320
Total: S\$ 5,801.50 Global Sum S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ 5,801.50 Name 1: Optima Werkz Pte Ltd	
Payee 2: (Strike if N.A.) S\$ Name 2: _____	
Payee 3: (Strike if N.A.) S\$ Name 3: _____	