

INS. CASE OWNER:

CC6 / AIG 2000 3327 / KH/s3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

30/1/2020

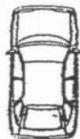
Date / Time:

30/1/2020

Registered in Merimen:

28/2/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SFE 8991P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS _____ D.O.A : 25/1/2020

Place of Accident : _____

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

If NO, Driver Name / Age : _____

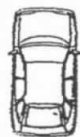
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLP 7681U

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
	SLP 7681U : X		Non-Reporting ltr (1st):	
	SFE 8991P : CC6 / AIG 15011336 / KHA362; DOA: 3/7/15		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: L/S	S\$ 1,200.00	(2 days) Reduction: 33 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 02.12.2021	Confirm with JOSEPH	Email ☐ Call ☐	
Final Liability: 100 %	50	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Costw/GST : \$1,284	S\$ 642.00			
Loss of Rental (LOR): -	S\$ -	(days)		
Loss of Use (LOU): \$300	S\$ 150.00	(\$ 60 x 5 days)		
Loss of Income (LOI): -	S\$ -	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]		
GIA/LTA Search \$2.00	S\$ 2.00			
Medical: -	S\$ -		1) Claim status: Normal/Reject/Private Settlement	
Disbursement: -	S\$ -	(e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost -	S\$ -		3) Survey fee: \$320	
Total: \$1,586.00	S\$ 794.00	Global Sum S\$:		
FINAL PAYMENT	Date/Time: 02.12.2021	Confirm with: JOSEPH	Email ☐ Call ☐	
Payee 1:	S\$ 794.00	Name 1: OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		