

INS CASE OWNER:

CC 61A/G 2000 3971 / KHS3

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

12/3/2020

Date / Time:

12/3/2020

Registered in Merimen:

13/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJK 9794G

Name of Insured:

Bandla Ramesh

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A: 11/3/2020

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

Claim No.:

880295954/SG

Policy No.:

Make / Model:

Place 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

SGW161P



INSRS:

WSP: Optima works

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	STAGE	DATE / PIC
18/03/2020	SGW161P : X ; SJK9794G : X	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: 18/03/2020 - JK
21/3/2020	INSRS: WSP: Optima works Tel: Liability: RMKS:	Documentation Check List: Handler Typist Notification ltr (if non-pickup) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> After call ltr to OI: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Authorisation To Act: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Release Voucher: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Final Repair Bill: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Car Rental Invoice: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Towing Invoice: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LTA / GLA: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Medical Bill: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> PIR: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> LOD: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Payment Breakdown Form: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Post-Repair Photos: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Others: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
02/07/2020	settled & closed	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost:	45	SS 2,100.00	(4 days) Reduction: 43.11 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 02/07/2020	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: (MGR)	SS 2,247.00			(OLD KMR-ENDED TP)
Loss of Rental (LOR):	SS (days)			
Loss of Use (LOU):	SS 400.00 (\$ 100 x 4 days)			
Loss of Income (LOI):	SS (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search	SS 2.00			
Medical:	SS			
Disbursement:	SS (e.g. Tow/ Independent)			
Legal Cost	SS			
Total:	SS 2,649.00	Global Sum SS: 2,600.00		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS 2,600.00	Name 1: OPTIMA WORKS PTE LTD		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		