

INS. CASE OWNER:

CC 61A/G 2000 4071 / Kds3

LKK:

IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

13/3/2020

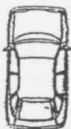
Date / Time:

13/3/2020

Registered in Merimen:

16/3/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : GBH9262K

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : SS

D.O.A : 11/3/2020

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. : _____

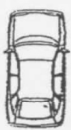
(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

GBH9262K

SJQ1487P

SDT6688Z



INSRS:

WSP:

Tel :

Liability :

RMKS:



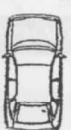
INSRS:

WSP: Optima

Tel :

Liability :

RMKS: (TP)



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 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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time: 12	Confirm with:
Repair Cost: S\$ 7,800.00	(14 days) Reduction: 44 %	Confirm by:
Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 07/08/2020	Confirm with Lily
Final Liability: % 100	(Agreed / Assessed) BOLA S/N No. : 28	Email ☒ Call ☐
Repair Cost: (w/GST) S\$ 8,346.00		If NO or B 28, Ass. Lia : 100%
Loss of Rental (LOR): S\$ -	(days)	3 veh C.C, OI was last
Loss of Use (LOU): S\$ 1,400.00	(\$ 100 x 14 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 Bank
Disbursement: S\$ 50.00	(e.g Tow/ Independent)	2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$320
Total: S\$ 9,798.00	Global Sum S\$: 9,460.00	
FINAL PAYMENT	Date/Time:	Confirm with:
Email ☐ Call ☐		
Payee 1: S\$ 9,460.00	Name 1: Optima Werkz Pte Ltd	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	