

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

20/03/2020

Date / Time :

Registered in Merimen: **23/03/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SCN 3388C**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : **19/03/2020**

Place of Accident : _____

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

If NO, Driver Name / Age :

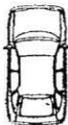
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

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

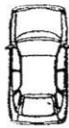
SLW 5547T



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
	SLW 5547T - X	
	Non-Reporting ltr (1st):	
	SCN 3388C - CC4/AIG08009592/RDh	20/03/2008
	Non-Reporting ltr (2nd):	
	NJA/INC08009601/y1	20/03/2008
	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 type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input 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"/>

13/11/2020 - PPS TO ADMIN TO CLOSE, SUPP DOCS. UPLOADED IN VIENA

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: \$S 2187.36 (4 days) Reduction: 33 % Email Call

FINAL SETTLEMENT Date/Time: 13/11/2020 Confirm with Lily Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: (w/hst) \$S 2340.48

Loss of Rental (LOR): \$S - (days)

Loss of Use (LOU): \$S 280.00 (\$ 70 x 4 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 -

Disbursement: \$S - (e.g. Tow/ Independent)

Legal Cost \$S -

Total: \$S 2622.48 **Global Sum \$S:**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call

Payee 1: \$S 2622.48 Name 1: **Optima Werkz Pte Ltd**

Payee 2: (Strike if N.A.) \$S Name 2:

Payee 3: (Strike if N.A.) \$S Name 3:

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: **OP**
- 3) Survey fee: **\$ 320**