

INS. CASE OWNER:

CC6/AIG20004447/K ka3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth

DOI:

01/04/2020

Date / Time:

01/04/2020

Registered in Merimen:

24/03/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLJ 8881B

Claim No. :

Name of Insured : Lin Lay Peng

Policy No. :

Insured Tel No. : HP: 9753 8067

Make / Model : Mercedes-Benz E200 AMG (R18 VED)

Excess Sec II : S\$

D.O.A : 21/03/2020

Place of Accident : YISHUN AVE 9 TOWARDS SELETAR WEST LINK

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 :

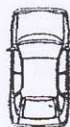
%

Final ? Yes / No

SKR 8810B

SLJ 8881B

SMQ 6255Z



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS: OI



INSRS:

WSP: OPTIMA

Tel : WERKZ

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMQ 6255Z - NA/AIG20004388/z4 21/03/2020	Non-Reporting ltr (1st):	
	SLJ 8881B - NA/AIG20004388/z4 21/03/2020	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:	Confirm with:	Confirm by:
Repair Cost: <u>RP</u>		S\$ <u>380.00</u>	(<u>2</u> days) Reduction: <u>71</u> %		Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: <u>8/4/20</u>	Confirm with <u>Lin</u>		Email ☒ Call ☐
Final Liability:	%	<u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>27</u>		If NO or B 28, Ass. Lia :
Repair Cost:	S\$	<u>406.60</u>			
Loss of Rental (LOR):	S\$	<u>120.00</u> (<u>60</u> days)			
Loss of Use (LOU):	S\$	<u>120.00</u> (\$ <u>60</u> x <u>2</u> days)			
Loss of Income (LOI):	S\$	<u>-</u> (\$ <u>-</u> x <u>-</u> days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$	<u>2.00</u>			
Medical:	S\$	<u>-</u>			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$	<u>-</u>	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S\$	<u>-</u>			3) Survey fee: <u>\$ 320.00</u>
Total:	S\$	<u>528.60</u>	Global Sum S\$: <u>520.00</u>		Email ☐ Call ☐
FINAL PAYMENT		Date/Time:	Confirm with:		
Payee 1:	S\$	<u>520.00</u>	Name 1: <u>Optima Werkz Pte Ltd</u>		
Payee 2: (Strike if N.A.)	S\$		Name 2:		
Payee 3: (Strike if N.A.)	S\$		Name 3:		