15/5/2010

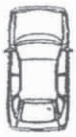
INS. CASE OWNER: NORSIAH | CC6/AIG20004625/Kga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 01/04/2020 Date / Time : 29.03.2020

Registered in Merimen: 29.03.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SGT 15U Claim No. : 1923926721SG

Name of Insured : YONG HSIN YUE Policy No. : 1900118835

Insured Tel No. : HP: 96745060 Make / Model :

Excess Sec II :S$ D.O.A : 26/03/2020 15:25 Place of Accident : BUKIT TIMAH ROAD > JURONG

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**

SMP 4187E → → →

INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SGT 15U - CC3/AIG11020992/Ay1n ; 10.10.2011	Non-Reporting ltr (1st):	
	CC3/AIG14008147/Ggbu2 ; 28.04.2014	Non-Reporting ltr (2nd):	
	CC3/AIG17013575/T1ea3q2 ; 12.07.2017	Non-Reporting ltr (Final):	
	CC4/AIG17016885/M1zb3q2 ; 28.08.2017	Notification ltr (if non-pickup):	
	CC6/AIG14007946/Esy3q2 ; 28.04.2014	Call OI:	
	NA/FCI14007877/d2 ; 28.04.2014	After call ltr to OI:	
	SMP 4187E - X	**Documentation Check List:**	**Handler** / **Typist**
	OINR. To send out first letter.	Notification ltr (if non-pickup)	
		After call ltr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	X
		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:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 1763.95 (3 days) Reduction: 1039.89	% 37	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/08/2020	Confirm with LILY	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1887.43 (W/GST)		
Loss of Rental (LOR):	S$ 276.00 (3 days)	X $92	
Loss of Use (LOU):	S$ ($ x 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 Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $320.00
Total:	S$ 2165.43	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2165.43	Name 1: OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth | REF: AIG1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Optima

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B.I % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SMP 4187E Yr Regn: 09, 19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Toy Noah c.c 1798

Colour M. Black A/C: Insured / Std / NI / NA

Sp.Reading 29778 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 - 0395289

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : NII / S/Rim / STD A/Rim or _____

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	8 mm	R/Bal.	6 mm
L/Bal.	8 mm	L/Bal.	6 mm
D.O.A.	26/3/20	D.O.I.	1/4/2020

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
$ + RS. $	
Fixings	
Others	
TOTAL	