

INS. CASE OWNER:

CC6/AIG20005541/Kba3

IDAC:

ASSIGNMENTSurveyor: **KENNETH**DOI: **05/05/2020**Date / Time : **04/05/2020**Registered in Merimen: **04/05/2020****Pre-assign / CCU / FTE**Insured Vehicle No. : **SML 1343L**Claim No. : **8950574697SG**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

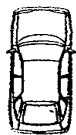
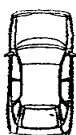
Excess Sec II :S\$ _____ D.O.A : **06/04/2020**Place of Accident : **PIE TOWARDS CHANGI**

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****SLQ 3172K**INSRS:
WSP: **OPTIMA WERKS**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SLQ 3172K - X	SML 1343L - X	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	☐ ☐
15/10/2020	SETTLED AND CLOSED / NO PHY FILE		LTA / GIA :	☒ ☐
			Medical Bill:	☐ ☐
			PIR:	☐ ☐
			Mandate/Reject Instruction:	☒ ☐
			LOD	☒ ☐
			Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: P/P	S\$ 1,010.38 (2 days) Reduction: 43.21 %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 12/10/2020 Confirm with SHARON TEN		Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :	
Repair Cost: (W/GST)	S\$ 1,081.11			
Loss of Rental (LOR):	S\$ (days)		OI rear-ended TP	
Loss of Use (LOU):	S\$ 140.00 (\$ 70 x 2 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\$ 1,223.11 Global Sum S\$: 1,200.00			
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 1,200.00	Name 1: OPTIMA WERKZ PTE LTD		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		