

INS. CASE OWNER:

CC 6 /AIG 2000 7296 / Krs3q2-1

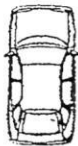
LKK:

IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 14/07/2020Date / Time : 14/07/2020Registered in Merimen: 14/07/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SJZ 1437L

Claim No. : _____

Name of Insured : LIM KIM SWEE, RODNEY (LIN JINSHUI, RODNEY)

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$S _____ D.O.A : 11/07/2020

Place of Accident : _____

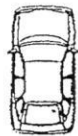
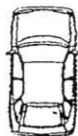
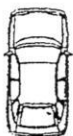
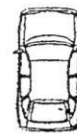
Is driver the owner? (☒ YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SKX 4997R

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

Date/ Time	SKX 4997R : X SJZ 1437L : NA/AIG13013586/m2 ; DOA : 28/07/2013	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: _____	Confirm with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☐ Call ☐
Repair Cost:	L/SUM \$S <u>700.00</u> (<u>2</u> days) Reduction: <u>67</u> %		
FINAL SETTLEMENT	Date/Time: <u>23/6/2021</u> Confirm with: <u>KAITLYN</u>	Email ☒ Call ☐	
Final Liability:	% <u>50</u> (Agreed / Assessed) BOLA S/N No. : <u>NA</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	<u>749.00</u> \$S <u>374.50</u>		
Loss of Rental (LOR):	\$S _____ (_____ days)		
Loss of Use (LOU):	<u>180.00</u> \$S <u>90.00</u> (\$ <u>60</u> x <u>3</u> days)		
Loss of Income (LOI):	\$S _____ (\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	\$S <u>2.00</u>		
Medical:	\$S _____	1) Claim status: Normal/ Reject/Private Settlement	
Disbursement:	\$S _____ (e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	\$S _____	3) Survey fee:	
Total:	\$S <u>466.50</u> Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S <u>466.50</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: _____		