15/5/2010

INS. CASE OWNER:

CC6/AIG21010275/Kea3

LKK:

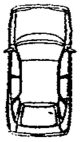
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 04/10/2021 Date / Time : 04/10/2021

Registered in Merimen: 05/10/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 6488B Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

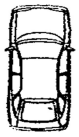
Excess Sec II :S$ D.O.A : 29/09/2021 13:00 Place of Accident :

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

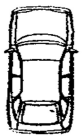
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

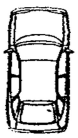
SKU 9118U → → →



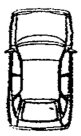
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SKU 9118U - X SMF 6488B - X	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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by: KSC
Repair Cost: L/S	S$ 16,750.00 (12 days)	Reduction: 32 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17.12.21	Confirm with JOSEPH	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 17,922.50		OI MAKE A RIGHT TURN AT CONTROL JUNCTION
Loss of Rental (LOR):	S$ - (days)		
Loss of Use (LOU):	S$ 900.00 ($ 60 x 15 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$ 50.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -		3) Survey fee: $320
Total:	**S$** 18,874.50	**Global Sum S$:** 18,870.00	
FINAL PAYMENT	Date/Time: 17.12.21	Confirm with: JOSEPH	Email ☐ Call ☐
Payee 1:	S$ 18,870.00	Name 1: OPTIMA WERKZ PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	