15/5/2010

INS. CASE OWNER: CC6/CTI22000281/Upa3q2

LKK:

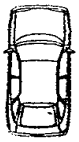
IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 10/01/2022 Date / Time : 10/01/2022

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 9007L Claim No. : SNM22D200217

Name of Insured :OPTIMA (DC) SOLUTION & SERVICES PTE LTD Policy No. : DMCVSNW00141652100

Insured Tel No. : HP: Make / Model :

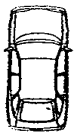
Excess Sec II :S$ D.O.A : 08/01/2022 Place of Accident : YS-ONE BUILDING, #06-08 CARPARK

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

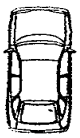
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

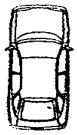
GBE 6644C → → →



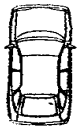
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	GBE 6644C : X	**STAGE** **DATE / PIC**
	GBG 9007L : CS3/CTI19004973/Bcd3s2 ; DOA : 08/03/2019	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
	OID - NG BEE YONG	LTA / GIA :
		Medical Bill:
	CLAIMANT - BEST HOME ALUMINIUM WORKS	PIR:
		Mandate/Reject Instruction:
	TPV: TPV: T.DYNA - 2982cc	LOD
		Payment Breakdown Form:
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LS	S$ $2,500.00 (3 days)	Reduction: $3,058.70 % 55	Email Call
FINAL SETTLEMENT	Date/Time: 18/07/2022	Confirm with SHI YING	Email ✓ Cal
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,675.00	W/GST	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 180.00 ($ 60 x 3 days)		
Loss of Income (LOI):	S$ ✓ ($ x days)		
LOR only LOU only ✓	LOR + LOU LOR + LO	[**Tick only one**]	
GIA/LTA Search	S$ 2.00		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 60.00	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$** 2,917.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Cal
Payee 1:	S$ 2,917.00	Name 1: FASTECH AUTO PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	