

Surveyor:

Kenneth

DOI:

18/01/2022

Date / Time :

18/01/2022

Registered in Merimen:

18/01/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SKH 6600G

Claim No. : _____

Name of Insured : CHONG KIAN MUN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 15/01/2022

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**SKT 3817EINSRS:
WSP: OPTIMA
Tel : WERKZ
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKT 3817E : X ; SKH 6600G : 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
			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:	
Repair Cost: <u>L/sum</u>	S\$ <u>5,000.00</u>	(<u>4</u> days) Reduction: <u>46</u> %	Email ☐	Call ☐
FINAL SETTLEMENT	Date/Time: <u>08/06/2022</u>	Confirm with <u>Joseph</u>	Email ☒	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u>	S\$ <u>5,350.00</u>			
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ <u>300.00</u>	(\$ <u>60</u> x <u>5</u> days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐	LOR + LO ☐	[Tick only one]	
GIA/LTA Search	S\$ <u>31.00</u>			
Medical:	S\$ _____			
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	1) Claim status: Normal/ Reject/Private Settle	
Legal Cost	S\$ _____	2) Report Format: <u>TP</u>		
Total:	S\$ <u>5,681.00</u>	Global Sum S\$: <u>5,680.00</u>	3) Survey fee: <u>\$320.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$ <u>5,680.00</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:		