15/5/2010

INS. CASE OWNER: CC6/AIG22000774/Kps3

LKK:

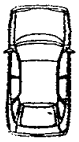
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 21/01/2022 Date / Time : 21/01/2022

Registered in Merimen: 21/01/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SBV 2121G Claim No. :

Name of Insured : CHEW SIEW KEOW FLORA Policy No. :

Insured Tel No. : HP: Make / Model :

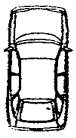
Excess Sec II :S$ D.O.A : 19/01/2022 Place of Accident :

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

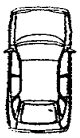
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

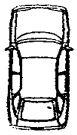
SGD 4466J → → →



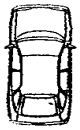
INSRS:
WSP: OPTIMA WERKZ
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGD 4466J : CC3/AIG14017196/H1sa3q2 ; DOA : 04/09/2014
	SBV 2121G : CC6/AIG11022875/Usr1k2 ; DOA : 31/10/2011

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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 6,383.28 (4 days)	Reduction: 32 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 09/06/2022	Confirm with Joseph	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 6,830.11		
Loss of Rental (LOR): w/GST	S$ 513.60 (4 days)	x$120	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☑ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$		
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: $320.00
Total:	**S$** 7,343.71	**Global Sum S$:** 7,300.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Cal ☐

Payee 1:	S$ 7,300.00	Name 1:	Optima Werkz Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	