INS. CASE OWNER:	**CC4/LPC22006040/Kpa3**	LKK: IDAC:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: _____   Date / Time : **24/06/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. :	**GBC 197B**	Claim No. :	_____
Name of Insured :	_____	Policy No. :	_____
Insured Tel No. :	_____ HP: _____	Make / Model :	_____
Excess Sec II :S$	_____ D.O.A : **22/06/2022 19:13**	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**

SNC 8928P →   _____   →   _____   →   _____

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

Date/ Time		
	SNC 8928P - X **GBC 197B - NA/CTI21007433/r3 07.07.2021**	

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$ **3,054.12** (**4** days) Reduction: **50** %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **01/11/2022** Confirm with: **Kaitlyn**   Email ✔ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **27**	If NO or B 28, Ass. Lia :
Repair Cost: **w/GST**	S$ **3,267.91**	
Loss of Rental (LOR):	S$ _____ (days)	
Loss of Use (LOU):	S$ **400.00** ($**100** x **4** days)	
Loss of Income (LOI):	S$ ✔ ($ 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$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$400.00**
Total:	S$ **3,669.91** Global Sum S$:	

FINAL PAYMENT Date/Time: _____ Confirm with: _____   Email ✔ Call ☐

Payee 1:	S$ **3,669.91**	Name 1: **Optima Werkz Pte Ltd**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: