

INS. CASE OWNER:

KSC

ASSIGNMENT

Surveyor:

DOI: 10/08/2022

Date / Time : 08/08/2022

Registered in Merimen: 10/08/2022

Pre-assign / CCU / FTE



Insured Vehicle No. : SLH 6204E

Claim No. : OWAISCL2022-0000147

Name of Insured : OPTIMA WERKZ PTE LTD

Policy No. : SPMF1000000483

Insured Tel No. : _____ HP: _____

Make / Model : Toyota Aqua

Excess Sec II :S\$ _____ D.O.A : 29/07/2022 13:51

Place of Accident : 169 Upper Paya Lebar Rd, Singapore 534860

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

UPPER PAYA LEBAR ROAD LEFT TURN TO AIRPORT ROAD

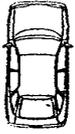
If NO, Driver Name / Age : LAU ZHUXIAN

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

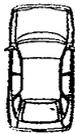
Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : _____ % **Final ? Yes / No**

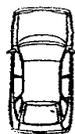
SJU 2486P



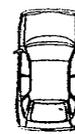
INSRS:
WSP: NGS MOTORSPORT
Tel : PTE LTD
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>SJU 2486P - X</u>	Non-Reporting ltr (1st):	
<u>SLH 6204E - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/TM117021613/k4 13/11/2017 MUHAMED ARIFIN SJL 4434Z SLH 6204E 11/11/2017 04/12/2017 KSC</u>	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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: <u>L/sum</u> S\$ <u>2,700.00</u> (<u>5</u> days) Reduction: <u>61</u> % Email <input type="checkbox"/> Call <input type="checkbox"/>		
FINAL SETTLEMENT Date/Time: <u>25/08/2022</u> Confirm with <u>Evelyn</u> Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> If NO or B 28, Ass. Lia :		
Repair Cost: S\$ <u>2,700.00</u>		
Loss of Rental (LOR): S\$ _____ (_____ days)		
Loss of Use (LOU): S\$ <u>250.00</u> (\$ <u>50</u> x <u>5</u> days)		
Loss of Income (LOI): S\$ _____ (\$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search S\$ <u>7.45</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>	
	3) Survey fee: <u>\$250.00</u>	
Total: S\$ <u>2,957.45</u> Global Sum S\$:		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: S\$ <u>2,957.45</u> Name 1: <u>NGS MOTORSPORT PTE LTD</u>		
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____		