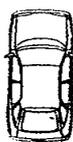


INS. CASE OWNER:

**ASSIGNMENT**

Surveyor: KENNETH DOI: 16/08/2022 Date / Time : 16/08/2022  
 Registered in Merimen: 16/08/2022

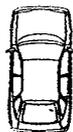
**Pre-assign / CCU / FTE**



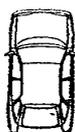
Insured Vehicle No. : SFZ 5246S Claim No. : \_\_\_\_\_  
 Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model : \_\_\_\_\_  
**Excess Sec II :S\$** \_\_\_\_\_ D.O.A : 07.08.2022 14:10 Place of Accident : \_\_\_\_\_  
 Is driver the owner? ( 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**

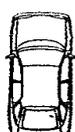
SMQ 7753X →



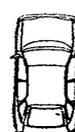
INSRS:  
WSP: **OPTIMA**  
Tel : **WERKZ**  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	SMQ 7753X - X	SFZ 5246S - 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:	
			<b>Documentation Check List: Handler Typist</b>	
			Notification ltr (if non-pickup)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b>	Date/Time:	Sent By:		
<b>FINALIZATION</b>	Date/Time:	Confirm with:	Confirm by:	
Repair Cost: <b>L/SUM</b>	S\$ <b>3,550.00</b>	( <b>6</b> days) Reduction: <b>43</b> %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <b>28/12/2022</b>	Confirm with <b>Kaitlyn</b>	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <b>100</b>	(Agreed / Assessed) BOLA S/N No. : <b>NIL</b>	If NO or B 28, Ass. Lia :	
Repair Cost: <b>w/GST</b>	S\$ <b>3,798.50</b>			
Loss of Rental (LOR):	S\$ ( _____ days)			
Loss of Use (LOU):	S\$ <b>350.00</b> (\$ <b>50</b> x <b>7</b> 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\$ <b>2.00</b>			
Medical:	S\$		1) Claim status: Normal/ <del>Reject/Private Settlement</del>	
Disbursement:	S\$ (e.g. Tow/ Independent )		2) Report Format: <b>TP</b>	
Legal Cost	S\$		3) Survey fee: <b>\$320.00</b>	
<b>Total:</b>	S\$ <b>4,150.50</b>	<b>Global Sum S\$: 4,150.00</b>		
<b>FINAL PAYMENT</b>	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	S\$ <b>4,150.00</b>	Name 1: <b>Optima Werkz Pte Ltd</b>		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		