INS. CASE OWNER:	CC 3 UR /AIG1800 3585, Sj6352	LKK:
		IDAC:

ASSIGNMENT

Surveyor: YWF	DOI: 17/2/18	Date / Time: 21/2/18
		Registered in Merimen: 26/2/18

Pre-assign / CCU / FTE
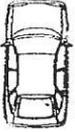
Insured Vehicle No. : SLF 4846B	Claim No. : SD1387646154
Name of Insured : UR	Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 20/2/18	Place of Accident :
Is driver the owner? (YES / NO)	Nature of Accident :

If **NO**. Driver Name / Age :
Driver Tel No. :   (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : %   **Final ? Yes / No**

SHB 5228Y → → → →
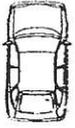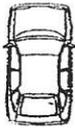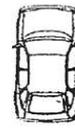
INSRS:	INSRS:	INSRS:	INSRS:
WSP: SMRT	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
1/3/18 Joy-	SHB 5228Y -X SLF 4846B -Y		Non-Reporting ltr (1st): -5-3-18	
	- LOR non reporting.		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
21-3-18	EMAILED SMRT FOR VIDEO. TO		Call OI:	JOY 9-4-18
	CONFIRM NUMBER OF VEHICLES		After call ltr to OI:	
	INVOLVED.		**Documentation Check List:** Handler Typist	
	TP VIDEO M- JOY-VIDEO		Notification ltr (if non-pickup)	X
			After call ltr to OI:	✓
			Authorisation To Act:	✓
			Release Voucher:	✓
11-4-18	FOR MANDATE		Final Repair Bill:	✓
			Car Rental Invoice:	✓
17-5-18	TO CLOSE FILE		Towing Invoice	X
			LTA / GIA :	
			Medical Bill:	X
			PIR:	X
			Mandate/Reject Instruction:	X
	RECEIVED 1 7 MAY 2018		LOD	x
	RECEIVED 1 2 APR 2018		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others: PIR	✓

FINALIZATION Date/Time:	Confirm with:	Confirm by:
Repair Cost: S$ (days) Reduction: %		Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 15-5-18	Confirm with LEE GEK	Email [ ] Call [✓]
Final Liability: % 100 (Agreed)/ Assessed) BOLA S/N No. : 28		If NO or B 28, Ass. Lia : 100
Repair Cost: S$ 10,600		
Loss of Rental (LOR): S$ 1,141.69 11 days x 103.79		OI 4TH & LAST
Loss of Use (LOU): S$ — ($ x days)		
Loss of Income (LOI): S$ 420 ($60 x 7 days)		✓ BY: JOY
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] **[Tick only one]**		SHB 17-5-18
GIA/LTA Search S$ 7. X✓		1) Claim status: Normal/Reject/Private Settle
Medical: S$ —		2) Report Format:
Disbursement: S$ — (e.g. Tow/ Independent)		3) Survey fee:
Legal Cost: S$ —		
Total: S$ 12,168.69	Global Sum S$: 12,168.XX	

FINAL PAYMENT Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1: S$ 12,168.	Name 1: SMRT TAXIS PTE LTD	
Payee 2: (Strike if N.A.) S$ X	Name 2: X	
Payee 3: (Strike if N.A.) S$	Name 3: X	