

INS. CASE OWNER:

Wingine

CC 4, Asm 1800 7145, SWA3

LKK:

IDAC:

40319

Surveyor:

YWK

DOI:

ASSIGNMENT

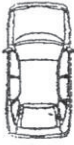
12/04/18

Date / Time :

17/04/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SBA 3897 E

Claim No. :

Name of Insured :

Neo Chin Seng

Policy No. :

Insured Tel No. :

HP:

Make / Model :

BMW 530

Excess Sec II :SS

D.O.A.:

11.04.18

Place of Accident :

WATERLOO ROAD EXT.

Is driver the owner?

(YES / ☒)

Nature of Accident :

If NO, Driver Name / Age :

PHUA ANG GEE

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

Driver Tel No. :

94501249

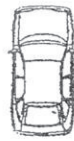
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SMB 1343P



INSRS:

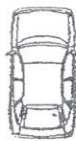
WSP:

Tel :

Liability :

RMKS:

SMRT



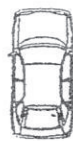
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMB 1343P - X;	Non-Reporting ltr (1st):	
	SBA 3897 E - C3 / AG 150 B 207 / Rvbd1; PVA: 04/8/15	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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
			Others: ☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by: YWK
Repair Cost:	L/S S\$ 2,050.00 (3 days) Reduction: 24 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 28.01.21	Confirm with: PATRICK	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 1		If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 2,050.00		OID EXIT FROM SLIP ROAD HIT TP
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 750.00 (\$ 250 x 3 days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.00		
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: \$350
Total:	S\$ 2,807.00	Global Sum S\$:	
FINAL PAYMENT	Date/Time: 28.01.21	Confirm with: PATRICK	Email ☐ Call ☐
Payee 1:	S\$ 2,807.00	Name 1: SMRT BUSES LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	