

15/5/2016

INS. CASE OWNER:

LEE MING YAO

CC 3 /AIG1801

7874, G 7066

LKK:

IDAC:

Surveyor:

866

DOI:

ASSIGNMENT

27/7/18

Date / Time:

27/7/18

Registered in Merimen:

20/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SES 90822

Claim No.:

059200165856

Name of Insured:

WUODIANO LI CAR RENTAL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

26/7/18

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

SMB 18.11P

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

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

20/08/19 - vic

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:

P10

SS 1,459.40

(4 days) Reduction:

67 %

Email

Call

FINAL SETTLEMENT

Date/Time:

26/08/19

Confirm with:

Lee Gok

Email

Cal

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

SS 1,459.40

Loss of Rental (LOR):

SS 540.35

(5 days)

x \$108.07

Loss of Use (LOU):

SS

-

(5 x days)

Loss of Income (LOI):

SS 300.00

x 5 days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS 7.00

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

5320.00

Total:

SS 2,306.75

Global Sum \$S:

2,300.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

SS 2,300.00

Name 1:

SMRT TAXIS PTO LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-