15/5/2010

INS. CASE OWNER: | CC 3 UR / ~~AIG~~1801 5835, T2w63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tan Aik. DOI: 27/8/18 Date / Time : 27/8/18

Registered in Merimen: 30/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLQ 6774R.	Claim No. :	69098869505G
Name of Insured :	UR	Policy No. :	94949569
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 27/8/18	Place of Accident :	TUNL MARINE BOULEVARD.
Is driver the owner? (YES / (NO))		Nature of Accident :	
If NO, Driver Name / Age : LEE LIAN HOE STEVEN.		OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

SHB 1067G. → ____ → ____ → ____

INSRS: WSP: Tel : SMRT Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 1067G – X	Non-Reporting ltr (1st):	
6/9/18	SLQ 6774R – U3UR1800748? / P2wb34900n:6/6/18	Non-Reporting ltr (2nd):	
vivian		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	6/9/18
		After call ltr to OI:	vivian
6/9/18	Email letter to O2	**Documentation Check List:**	**Handler / Typist**
		Notification ltr (if non-pickup)	
02/01/19	– TP ACCEPTED W OFFER.	After call ltr to OI: (EMAIL)	✓
	– SEND DV W ATA.	Authorisation To Act:	✓
		Release Voucher:	✓
08/01/19	– RECEIVED DOCS. ALL IN ORDER.	Final Repair Bill:	✓
	– TO CLOSE.	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:
Repair Cost: P/P	S$ 5,043.55 (5 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 08/01/19	Confirm with Lee Gek	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL.	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5043.55		
Loss of Rental (LOR):	S$ 1251.90	(10 days) x 125.19	
Loss of Use (LOU):	S$ 500	(S$ 50 x 10 days)	
Loss of Income (LOI):	S$	(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:
Legal Cost	S$		3) Survey fee: $320.00
Total:	S$ 6802.45	**Global Sum S$:** 6,800.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,800.00	Name 1: SMRT TAXIS PTE LTD	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	