

INS. CASE OWNER:

Tammi

CC 3 /EQI1801

AY 70, N York St

LKK: IDAC:

Surveyor:

Naz

DOI:

ASSIGNMENT

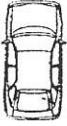
7/10/18

Date / Time:

7/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLG 72726

Claim No.:

MRK 100870

Name of Insured:

WONG KONG WONG

Policy No.:

OMP PKU 18-00 6207

Insured Tel No.:

HP:

9051266

Make / Model:

BMW

Excess Sec II :SS

D.O.A.:

7/10/18 (Sun)

Place of Accident:

HONGKONG ST

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

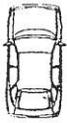
(VL: YES / NO)

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

Insured Liability: %

Final? Yes / No

SLB 5774



INSRS: WSP: Tel: Liability: RMKS:

SMRT



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
7/10/18	SMRT - x	Non-Reporting ltr (1st):	
	LOD IN BY SMRT	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	7/10/18
		After call ltr to OI:	
3/8/19	Patients June. Just provide br.	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
2/9/19	File -> typenent	Authorisation To Act:	<input checked="" type="checkbox"/>
13/12/19	File -> Su G to send Wk AIA	Release Voucher:	<input checked="" type="checkbox"/>
6/1/2020	File pass to MK to close.	Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

**PRELIMINARY ADVICE** Date/Time: Sent By: Confirm with: Confirm by:

Repair Cost: SS ( days) Reduction: % Email  Call

**FINAL SETTLEMENT** Date/Time: 13/12/19 Confirm with: Eebee Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 7A If NO or B 28. Ass. Lia:

Repair Cost: SS 19850.00

Loss of Rental (LOR): SS 2981.16 ( 28 days) x \$ 106.47

Loss of Use (LOU): SS ( x days)

Loss of Income (LOI): SS 1400.00 x 28 days

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIALTA Search SS 7.00

Medical: SS -

Disbursement: SS - (e.g. Tow/ Independent)

Legal Cost SS -

**Total:** SS 24238.16 Global Sum S\$: 24200.00

**FINAL PAYMENT** Date/Time: Confirm with: Email  Call

Payee 1: SS 24200.00 Name 1: SMRT TAXIS PTE LTD

Payee 2: (Strike if N.A.) SS Name 2:

Payee 3: (Strike if N.A.) SS Name 3:

COPY SENT 7/11/2020