INS. CASE OWNER: CC 3, AIG 180, 20258, T/ha3   LKK:
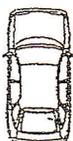IDAC:

Surveyor: MTH   DOI: 5.11.18   Date / Time: 5.11.18

ASSIGNMENT   Registered in Merimen: 8.11.18

Pre-assign / CCU / FTE

Insured Vehicle No. : SME 1789 X   Claim No. :

Name of Insured : LAU HI TIANG   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 1.11.18   Place of Accident :

Is driver the owner? (YES / NO)   Nature of Accident :

If NO, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : ___ %   Final ? Yes / No

SHC 4390 L
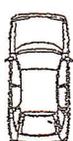
INSRS:	INSRS:	INSRS:	INSRS:
WSP: SMPT.M	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS :	RMKS :	RMKS :	RMKS :

Date/ Time		STAGE	DATE / PIC
7/1/11 ne	SHC 4390L - CES/AKAI 460 20185/RESM3W2 , DOA: 24/10/14 SME 1789 X = X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
12/11/18 @ 2PH	CALL OI. MANDARIN SPEAKING.	Notification ltr (if non-pickup):	
		Call OI:	
16/11/2018	not available	After call ltr to OI:	19/02/18 -Vc
		Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
	FINALISED	After call ltr to OI	✓
	TP LOD IN BY EMAIL.	Authorisation To Act:	✓
		Release Voucher:	✓
19/02/19	FILE REVIEWED. OI FROM MINOR ROAD.	Final Repair Bill:	✓
	SEND LETTER TO OI TO NOTIFY TP CLAIM	Car Rental Invoice:	✓
	& NCD ISSUES.	Towing Invoice	
		LTA / GIA :	✓
	SEND 1ST OFFER TO TP.	Medical Bill:	
20/02/19	TP ACCEPTED OFFER.	PIR:	
	ALL DOCS IN ORDER	Mandate/Reject Instruction:	
	TO CLOSE.	LOD	✓
		Payment Breakdown Form:	
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:		
Repair Cost: L/S S$ 3,000.00 (6 days)	Reduction: 76 %			Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 20/02/19	Confirm with UOB GOK	Email ✓ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :
Repair Cost: S$ 3,000.00		(OI FROM MINOR ROAD)
Loss of Rental (LOR): S$ 1,203.75 (9 days) X $133.75		
Loss of Use (LOU): S$ — ($ x 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:
Legal Cost: S$ —	3) Survey fee: $ 320.00
Total: S$ 4,210.75 Global Sum S$: 4,200.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1: S$ 4,200.00	Name 1: SMRT TAXIS FTS LTD	
Payee 2: (Strike if N.A.) S$ —	Name 2: —	
Payee 3: (Strike if N.A.) S$ —	Name 3: —	