15/5/2010

INS. CASE OWNER: | CC N/CTI1802 07 V2 / N63 | LKK: IDAC:

ASSIGNMENT

Surveyor: NAZ   DOI: 14/11/18   Date / Time : 14/11/18.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	PH 9554H.	Claim No. :	SWMM18D7534427L0V
Name of Insured :	l'Ang Bus TRANSPORT SERVICES.	Policy No. :	DMB1SN30943217010
Insured Tel No. :	HP:	Make / Model :	MIT SUPM871.
Excess Sec II :S$	D.O.A : 01/11/18.	Place of Accident :	AYE TMS LEMENT.
Is driver the owner? (YES / NO)		Nature of Accident :	
If NO, Driver Name / Age : ANG GUAN JOO		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SMB 5081T. → → →

INSRS: WSP: Tel : Liability : RMKS: SMKT.

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Date/ Time	
	SMB5081T-4 PH 9554H-4
	* TP got video
4/4/2019	no body pick-up
	the review, O/D reported that he slightly brushed
	against TP vehicle left side, send letter to OI
	- FINALISED
	- TP LOD IN BY EMAIL
04/09/19	- SEND ACCEPTANCE EMAIL TO TP.
	- ALL DOC IN ORDER
	- TO CLOSE.

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:	31/07/19 - FK	
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: 15/11/18   Sent By: 63

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: F/P	S$ 1,700.00 (2 days)	Reduction: 20 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/09/19	Confirm with AUDREY	Email ☑ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : Nil	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,700.00	O/D collide into the left side of TP vehicle	BELOW $5K MANDATE
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ 700.00 (S$350 x 2 days)		
Loss of Income (LOI):	S$ —	(S$ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐		**[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: $400.00
Total:	S$ 2,407.00	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,407.00	Name 1: SWRT BUSES LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	