

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1900

0505, JWB3

LKK:

IDAC:

Surveyor:

HJ

DOI:

ASSIGNMENT

8/1/19

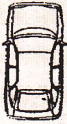
Date / Time:

8/1/19

Registered in Merimen:

9/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMA 227AR

Name of Insured:

BEY BEK NUI

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

5/1/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

9257584W654

Policy No.:

1800061962

Make / Model:

BMW

Place of Accident:

JNM OF CENTRAL BVP & MAKING WAY.

If NO, Driver Name / Age:

Anthony Jim Yung Simon

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

Driver Tel No.:

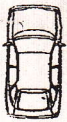
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SNC 44072

INSRS:
WSP:
Tel:
Liability:
RMKS:

SMRT

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

Date/ Time

15/1/19
VIC

SNC 44072 - X

SMA 227AR - Y

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: C-mail only

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: SMRT

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:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

49

S\$

5,350.00

(7

days) Reduction:

55

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

50

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

(CROTH TURNING)

Repair Cost:

5,350.00

S\$

2,675.00

Loss of Rental (LOR):

593

S\$

181.50

(9

days)

x \$

107.00

Loss of Use (LOU):

540

S\$

270.00

(\$

60

x 9

days)

Loss of Income (LOI):

-

S\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search:

7.00

S\$

7.00

Medical:

-

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

-

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

3) Survey fee:

320.00

Total:

5,350.00

S\$

3,433.50

Global Sum S\$:

3,400.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,400.00

Name 1:

SMRT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$

=

Name 2:

=

Payee 3: (Strike if N.A.)

S\$

=

Name 3:

=