15/5/2010

INS. CASE OWNER: CC 3 UR ~~AIG~~1900 1434, Jh63

LKK:
IDAC:

ASSIGNMENT

Surveyor: HJ

DOI: 21/1/19

Date / Time : 21/1/19

Registered in Merimen: 21/1/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 8445M.

Name of Insured : UR

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 14/1/19.

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : THET HTOO MMG.

Driver Tel No. : (V/L: YES / NO)

Claim No. : 01041909 5454

Policy No. : 9000004476.

Make / Model : TOYOTA

Place of Accident : TAMPINES RD & PINEY PARK

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SHC 4395Z →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
21/1/19 JM.	SHC4395Z - X SLH 8445M - X
	T - JUNCTION ; OI COMING OUT.
	- TP ACCEPTED OFFER - ALL DOCS 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:	JOY 20-6-19
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	/	
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:

FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐

Repair Cost: HS S$ 1,900.00 (4 days) Reduction: 80 %

FINAL SETTLEMENT Date/Time: 20/6/19 Confirm with LEE HEK Email / Call

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,900	
Loss of Rental (LOR):	S$ 645.70 (5 days) 109.14	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ ~~300.00~~ ($60 x 5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI / [Tick only one]		
GIA/LTA Search	S$ 7.xx	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $320.00
Total:	S$ 2,752.70 **Global Sum S$:** 2,750.xx	

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

Payee 1:	S$ 2,750.00	Name 1:	SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—