

INS. CASE OWNER:

CC 3, 5A1 1900 1484, Jha3

LKK:

IDAC:

Surveyor:

04J

DOI:

ASSIGNMENT

21/1/19

Date / Time :

21/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

GRBB 6584 H



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 19/1/19

Make / Model :

Excess Sec II : SS D.O.A :

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

SHB 708 L



INSRS:

WSP:

Tel :

Liability :

RMKS:

Gme7.m



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 708 L - 12/1/19 14018540 (K1W) 12/1/19	Non-Reporting ltr (1st):	
	GRBB 6584 H - 21/1/19 14020640 (K1W) 21/1/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
17/04/2020	Pls refer to Views for details.	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:	Sent By:		
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	P/P	S\$ 3,555.53	(4 days) Reduction:	68 %	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time: 17/04/2020	Confirm with: Lee Gek	Email ☒	Call ☐
Final Liability:	%	50	(Agreed / Assessed) BOLA S/N No. :	NIL	
Repair Cost:	3,555.53	S\$ 1,777.77			
Loss of Rental (LOU):	583.15	S\$ 291.58	(5 days) x\$116.63		
Loss of Use (LOU):	250.00	S\$ 125.00	(\$ 50 x 5 days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LOI ☒	[Tick only one]	
GIA/LTA Search	S\$	7.00			
Medical:	S\$				
Disbursement:	S\$		(e.g. Tow/ Independent)		
Legal Cost	S\$				
Total:	S\$	2,201.35	Global Sum S\$:	2,200.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☒	Call ☐
Payee 1:	S\$	2,200.00	Name 1:	SMRT Taxis Pte Ltd	
Payee 2: (Strike if N.A.)	S\$		Name 2:		
Payee 3: (Strike if N.A.)	S\$		Name 3:		

1) Claim status: Normal/Reject/Private Settlement

2) Report Format: TP

3) Survey fee: \$400.00