

INS. CASE OWNER:

WONG KAH

CC 3 / MG 1900

2646 / Jf03

LKK:

IDAC:

ASSIGNMENT

Surveyor:

OKJ

DOI:

11/2/19

Date / Time:

11/2/19

Registered in Merimen:

13/2/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMD 4412 T

Claim No. :

91498701829G

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. : 5/1/19

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

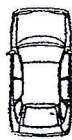
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SHB 1002H



INSRS:

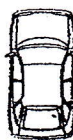
WSP:

Tel :

Liability :

RMKS:

SMD 7.12



INSRS:

WSP:

Tel :

Liability :

RMKS:



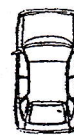
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
11/2/19	SHB 1002H - as line 150067601829G3; DOA: 20/4/19	Non-Reporting ltr (1st):	
	SMD 4412T - x	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	20/08/19 - vic
		Documentation Check List: Handler	Typist
20/08/19		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: AGAINST OI	☒
		Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost: P/P	S\$ 2,469.68 (5 days) Reduction: 80 %	Email ☐	Call ☐
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FINAL SETTLEMENT	Date/Time: 13/2/19	Confirm with: LEE COK	Email ☒	Call ☐
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Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24	If NO or B 28, Ass. Lia :
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Repair Cost:	S\$ 2,469.68	(OI MOVING OFF)
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Loss of Rental (LOR):	S\$ 786.45 (7 days) X 912.35	
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Loss of Use (LOU):	S\$ - (\$ x days)	
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Loss of Income (LOI):	S\$ 420.00 (\$60 x 7 days) 781	
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LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
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GIA/LTA Search	S\$ 7.00	
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Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle
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Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format:
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Legal Cost	S\$ -	3) Survey fee: 4320.00
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Total:	S\$ 3,263.13	Global Sum S\$: -
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Call ☐
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Payee 1:	S\$ 3,263.13	Name 1: SURE TAXIS PTE LTD
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Payee 2: (Strike if N.A.)	S\$ -	Name 2: -
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Payee 3: (Strike if N.A.)	S\$ -	Name 3: -
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