

15/5/2010

INS. CASE OWNER:

CC3/EQ1900

LKK:

IDAC:

Surveyor:

MD

DOI:

ASSIGNMENT

12/19

Date / Time :

12/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLB 2165

Claim No. :

Name of Insured :

UNRESTRICTED LIABILITY UN SEV 97E

Policy No. :

00000000000000000000

Insured Tel No. :

HP:

Make / Model :

BMW

Excess Sec II :S\$

D.O.A :

12/19

Place of Accident :

1100 TOR PLYM TMS 8 PM 11 10

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 : %

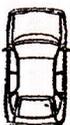
Final ? Yes / No

SLC 4697C

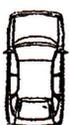


INSRS: WSP: Tel: Liability: RMKS:

SMRT



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Date/ Time	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:	11/03/19 - 10
	Documentation Check List:	Handler Typist
11/03/19	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	SMRT <input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	NO BV <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
21/03/19	Towing Invoice	<input type="checkbox"/>
	LTA/GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	4/5	1500.00	3 days	71 %
Repair Cost:	S\$	1,500.00	(3 days)	Reduction:	71 %
FINAL SETTLEMENT	Date/Time:	22/03/19	Confirm with:	Email	Call
Final Liability:	%	100	(Agreed / Assessed)	BOLA S/N No. :	NIL
Repair Cost:	S\$	1,500.00			
Loss of Rental (LOR):	S\$	1,276.63	(9.5 days)	x \$135.75	
Loss of Use (LOU):	S\$	-	(\$ x days)		
Loss of Income (LOI):	S\$	-	(\$ x days)		
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	7.00			
Medical:	S\$	-			
Disbursement:	S\$	-	(e.g. Tow/ Independent)		
Legal Cost	S\$	-			
Total:	S\$	2,777.63	Global Sum S\$:	2,200.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call	
Payee 1:	S\$	2,200.00	Name 1:	SMRT TAXIS PLS LTD	
Payee 2: (Strike if N.A.)	S\$	-	Name 2:	-	
Payee 3: (Strike if N.A.)	S\$	-	Name 3:	-	