15/5/2010

INS. CASE OWNER: KC | CC 4 Asm /~~AXA~~1900 3194, J 663 / | LKK: IDAC:

ASSIGNMENT

Surveyor: MJ DOI: 20/2/19 Date / Time : 20/2/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SDR 5161T		Claim No. :	S9M01EB1 99637
Name of Insured :		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/2/19.	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :

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

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

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

SHC 4737A → ________ → ________ → ________

INSRS: WSP: Tel : SMRT. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC4737A – 4 SDR5161T – 4
	*amured avm.
	OID reversed out from parking lot & collided with third party.
14/04/2020	PLS SEE VIEWS FOR DETAILS

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:	

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: L/sum	S$ 2,100.00 (5 days) Reduction: 77 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/04/2020	Confirm with Lee Gek	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 24		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,100.00		
Loss of Rental (LOR):	S$ 709.41 (6.5 days) x $109.14		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 688.74 ($ x days) $105.96 x 6.5days		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.00		
Medical:	S$		1) Claim status: Normal/[redacted]
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: $350.00
Total:	**S$** 3,505.15	**Global Sum S$:** 3,500.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ✓ Call ☐
Payee 1:	S$ 3,500.00	Name 1: SMRT Taxis Pte Ltd	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	