15/5/2010

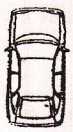
INS. CASE OWNER: AIDA | CC 4/III1900 4641, JWB39 | LKK: IDAC:

ASSIGNMENT

Surveyor: H.J. DOI: 13/11/19 Date / Time : 13/11/19

Registered in Merimen: 14/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 1161L

Name of Insured : LTPL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 10/11/19

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : SEE EE FOR

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

Claim No. : HOC1903024A

Policy No. : MUMOUS

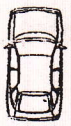
Make / Model : HYUNDAI

Place of Accident : BENCOOLEN ST

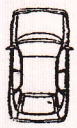
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

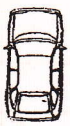
SMB 2772 → → → →



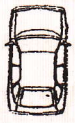
INSRS:
WSP:
Tel :
Liability : SMRT
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMB 2772 - F SHA 1161L - F
01/06/19	- PICK REVIEWED. O/D PAX OPEN REAR RIGHT DOOR. - SEEK LIABILITY MANDATE. - III AGREED DO - FINALISED - TP LOD PROVIDED BY III IN WEBIMEN
16/05/19	- TYPE REPORT FOR MANDATE APPROVAL - REPORT DONE
22/05/19	- SEEK MANDATE APPROVAL TO III
23/05/19	- III APPROVED MANDATE.
31/05/19	- GAVE LAST OFFER TO TP.
03/06/19	- 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:	
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/S S$ 16,700.00 4 days) Reduction: - 6 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/06/19 Confirm with BIDDEN Email / Call ☐

Final Liability:	% 100 (Agreed/ Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : COLD PAX OPEN DOOR)
Repair Cost:	S$ 16,700.00	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 1,000.00 ($250 x 4 days)	ORIGINAL TP LOD W/ III
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only / LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S$ -	
Medical:	S$ -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ -	3) Survey fee: $600.00
Total:	**S$** 17,700.00 **Global Sum S$:** 17,700.00	

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

Payee 1:	S$ 17,700.00	Name 1:	SMRT BUSES LTD
Payee 2: (Strike if N.A.)	S$ -	Name 2:	-
Payee 3: (Strike if N.A.)	S$ -	Name 3:	-