

OHJ

ASSIGNMENT

24/19

REG. NO.:

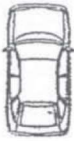
DOI: 24/19

Date / Time:

Registered in Merimen:

Re-assign / CCU / FTE

YN 8255J



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A: 114/19

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

YN 8255J -> SHB 228E ->

SUP 1152L ->



INSRS: WSP: Tel: Liability: RMKS: 01



INSRS: WSP: Tel: Liability: RMKS: TP



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

SHB 228E - 11/12/2009 413/1614423 : 2016/15
YN 8255J - 11/12/2009 413/1614423 : 2016/15
- CCY 15015011039 / 293000007: 2016/15

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)	<input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/>
Towing Invoice:	<input type="checkbox"/>
LTA / GIA :	<input checked="" type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" 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 by:

FINALIZATION Date/Time: Confirm with: Confirm by: Repair Cost: S\$ 7,000.00 (9 days) Reduction: 75 %

FINAL SETTLEMENT Date/Time: 06/05/2020 Confirm with Tan Lee Gek Email [checked] Call [] Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28 If NO or B 28, Ass. Lia : 100

Repair Cost: S\$ 7,000.00 3 veh C.C, OI was last
Loss of Rental (LOR): S\$ 1,471.25 (11 days) X \$133.75
Loss of Use (LOU): S\$ - (\$ x days)
Loss of Income (LOI): S\$ - (\$ x days)
LOR only [checked] 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\$ 8,478.25 Global Sum S\$:
1) Claim status: Normal
2) Report Format: TP
3) Survey fee: \$400

FINAL PAYMENT Date/Time: Confirm with: Email [] Call []

Payee 1: S\$ 8,478.25 Name 1: SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.) S\$ Name 2:
Payee 3: (Strike if N.A.) S\$ Name 3: