es3

15/5/2019

INS. CASE OWNER: CC3 /CTI1900 6247 / JHH.

LKK:

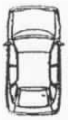
IDAC:

ASSIGNMENT

Surveyor: HJ DOI: 5/4/19 Date / Time : 5/4/19.

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : XB 6760G.

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

D.O.A : 3/4/19.

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**

SG 6073M → → → →

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

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SG 6073M - Y XB 6760G - X

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: OHJ

Repair Cost: P/P S$ 5,329.51 (4 days) Reduction: 15 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 31.12.20 Confirm with JIMMY Email ☐ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 5,329.51	OID CONVAS OPEN HIT TP STATIONARY VEHICLE
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ 1,300.00 ($ 325 x 4 days)	
Loss of Income (LOI):	S$ - ($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LO ☐ [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: $400
Total:	**S$ 6,636.51**	**Global Sum S$:**

FINAL PAYMENT Date/Time: 31.12.20 Confirm with: JIMMY Email ☐ Cal ☐

Payee 1:	S$ 6,636.51	Name 1:	SMRT BUSES LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	