

INS. CASE OWNER:

KORSAH

CC3 / MG 1900 8977 / Jga3

LKK:

IDAC:

Surveyor:

OHJ

DOI:

ASSIGNMENT

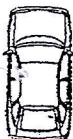
21/5/19

Date / Time:

Registered in Merimen:

21/5/19
21/5/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGD 4099K

Name of Insured:

FOK JUN HENG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

17/05/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

074345927966

Policy No.:

Make / Model:

Place of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

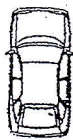
(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No



INSRS:

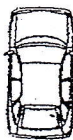
WSP:

Tel:

Liability:

RMKS:

sm27. m



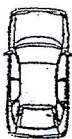
INSRS:

WSP:

Tel:

Liability:

RMKS:



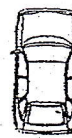
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SHB 3825 - NS/MC18014057/1662 - DOA 27/07/2018
 NA/EQI18614683/24 - DOA 12/08/2018
 CC3/EQI18615153/NWA302
 SGD4099K - CA/PA16006795/ASH352 - DOA 17/04/2015
 CS/PA15006613/PYBD1 - DOA 17/04/2015

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: 20/08/19 - VIC

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:

20/08/19

- MTR KOUQUED. OVO CHANGED LANE.
 SEND LETTER BY EMAIL TO OI TO NOTIFY
 TP CLAIM IN NCD LEAVE.

- MINALISED
 - TP LOD IN BY EMAIL
 - TP VIDEO IN. V/VIC/SHB3825 - UPDATED
 IN WORKMEN.

26/08/19

- SEND 1ST OFFER TO TP.
 - TP ACCEPTED OFFER.
 - ALL DOC IN ORDER.
 - TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

LH S\$ 2,950.00 (4 days) Reduction: 69 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 26/08/19

Confirm with

VET GOK

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 15

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 2950.00

Loss of Rental (LOR):

S\$ 741.51 (7 days) x \$105.93

Loss of Use (LOU):

S\$ - (\$ x days)

Loss of Income (LOI):

S\$ 120.00 (\$60 x 7 days)

LOR only ☐ LOU only ☐LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search

S\$ 700

Medical:

S\$ -

Disbursement:

S\$ -

Legal Cost

S\$ -

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320.00

Total:

S\$ 4,118.51

Global Sum S\$: 4,000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 4,000.00

Name 1:

SMRT TAXIS PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-