

INS. CASE OWNER:

CC5 / 011900 9160 / J Nas

IDAC:

Surveyor:

OHJ

DOI:

ASSIGNMENT

23/1/19

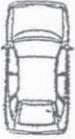
Date / Time:

23/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

Ym 3446m



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP: 14/1/19

Make / Model :

Excess Sec II :SS D.O.A :

Place of Accident :

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

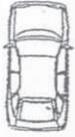
If NO, Driver Name / Age :

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

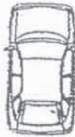
Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

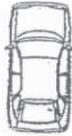
SMB 326 X



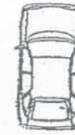
INSRS: WSP: Tel: Liability: RMKS:



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Date/ Time		STAGE	DATE / PIC
	SMB 326 X - X ; Ym 3446m - X	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 type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S\$ 2400.00 (1 days) Reduction: 1149.60 % 32 Email Call

FINAL SETTLEMENT Date/Time: 30/03/2021 Confirm with WEI TECK Email Call

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : 20 If NO or B 28, Ass. Lia :

Repair Cost: 2,400.00 S\$ 1,200.00

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): 500 S\$ 250.00 (\$ 250 x 2 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only 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\$ 1,457.00 Global Sum S\$: 3) Survey fee: TP \$400.00

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: S\$ 1,457.00 Name 1: SMRT BUSES LTD

Payee 2: (Strike if N.A.) S\$ Name 2:

Payee 3: (Strike if N.A.) S\$ Name 3:

