

15/5/2010

INS. CASE OWNER:

CC 3 /AIG1900 10029, Jebz. G.

LKK:
IDAC:

Surveyor:

HJ-

DOI:

ASSIGNMENT

4/6/19

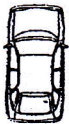
Date / Time:

4/6/19

Registered in Merimen:

3/6/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLP 9825B.

Name of Insured:

UM ANNIE

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

1/6/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

1A7A17089356

Policy No.:

1700014820.

Make / Model:

LTCOEEN

Place of Accident:

UPP LITANGL RO EHS

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

SLP 303A



INSRS:

WSP:

Tel:

Liability:

RMKS:

9MKT



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SLP 303A - X	Non-Reporting ltr (1st):	
SLP 9825B - X	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	Y Email 15/06/19
	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:
Repair Cost:	PIP S\$2,662.18	(4 days) Reduction:	73 %
FINAL SETTLEMENT		Date/Time: 05.08.19	Confirm with: LEE GEX
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	21
Repair Cost:	S\$2,662.18	OI REPAIR ENDED TP	
Loss of Rental (LOR):	S\$ 808.92	(7 days) x P115.56	
Loss of Use (LOU):	S\$ -	(\$ x days)	
Loss of Income (LOI):	S\$ 225.00	(\$50 x 4.5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☒	[Tick only one]	
GIA/LTA Search	S\$ 1.00		
Medical:	S\$ -		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	
Legal Cost	S\$ -		
Total:	S\$ 3,103.46	Global Sum S\$:	3,700.00
FINAL PAYMENT		Date/Time: 05.08.19	Confirm with: LEE GEX
Payee 1:	S\$3,100.00	Name 1:	SMART TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	

COPY SENT

1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: 7320