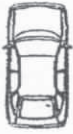


INS. CASE OWNER: **BENNIE TAN**

CC3/AIG19014224/Eha3

LKK:
IDAC:**ASSIGNMENT**Surveyor: **STEVE**DOI: **14/08/2019**Date / Time: **14/08/2019**Registered in Merimen: **15/8/2019**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKP 5206B**Claim No. : **2609009914SG**

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ D.O.A : **09/08/2019**

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****SG 1020Z**INSRS:
WSP: **SMRT, WL**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SG 1020Z - X	SKP 5206B - 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)	<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 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"/>

SETTLED. ALL DOCUMENTS IN ORDER.
TO CLOSE.

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 21/04/2020	Confirm with PATRICK	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. :	27	If NO or B 28, Ass. Lia :
Repair Cost:	\$S 6,300.00			(OID rear-ended TP)
Loss of Rental (LOR):	\$S --- (days)			
Loss of Use (LOU):	\$S 2,200.00 (\$ 275 x 8 days)			
Loss of Income (LOI):	\$S --- (\$ x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search	\$S 7.00			
Medical:	\$S ---			1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$S --- (e.g. Tow/ Independent)			2) Report Format: TP
Legal Cost	\$S ---			3) Survey fee: \$320.00
Total:	\$S 8,507.00	Global Sum \$S:	8,000.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 8,000.00	Name 1:	SMRT BUSES LTD	
Payee 2: (Strike if N.A.)	\$S ---	Name 2:	---	
Payee 3: (Strike if N.A.)	\$S ---	Name 3:	---	