

ASSIGNMENT

Surveyor:

ADRIAN

DOI: 09/09/2019

Date / Time : 09/09/2019

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SKU 5256E

Name of Insured :

THUM EHOW WATA

Insured Tel No. :

HP: —

Claim No. :

VCO12962

Policy No. :

Make / Model :

Excess Sec II :S\$

D.O.A : 07/09/2019 14:45

Place of Accident : CTE TWDS SLE B4 BRADDELL RD

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES/ NO)

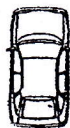
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SKU 5256E

SMD 8692A

SKB 5169Z



INSRS:

WSP:

Tel :

Liability :

RMKS: OI



INSRS:

WSP: SM

Tel : AUTOMOTIVE

Liability :

RMKS: TP



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMD 8692A SKU 5256E	CC4/AIG19016012/kb3, DOA: 7/9/19 NA/AIG19015909/h4 ; DOA: 7/9/19 NA/CTI19015929/h4; DOA: 7/9/19	
20/09/19	MUR ROULETTE. OI INVOLVED IN A 3 Veh. C.C. 4 WAS THE LAST CAR IN LINE ENVELOPED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM AND NCD ISSUES. OI VIDEO FOOTAGE IN (AFTER ACCIDENT) TP LOD IN BY EMAIL	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: 20/09/19-UE	
21/10/19	FIVE PAGES TO REPORT TEAM TO TYPE REPORT FOR WARRANTS APPROVAL REPORT DONE	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:	
23/11/19	900K WARRANTS APPROVAL TO QBE		
24/11/19	QBE APPROVED WARRANTS. SEND 1ST OFFER TO TP. TP ACCEPTED OFFER.		
02/12/19	ALL DONE IN QBE.		
PRELIMINARY ADVICE	Date/Time: 21/10/19 Sent By: UC		
FINALIZATION	Date/Time: Confirm with:	Confirm by:	
Repair Cost: 119	S\$ 18,900.00 (15 days) Reduction: 57 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 02/12/19 Confirm with: 02/12/19	Email ☒ Call ☐	
Final Liability:	% 100 (Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%	
Repair Cost:	S\$ 18,900.00	C2 Veh. C.C.; OI last car	
Loss of Rental (LOR):	S\$ 900.00 (9 days) x \$100		
Loss of Use (LOU):	S\$ — (\$ x days)		
Loss of Income (LOI):	S\$ — (\$ x days)		
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S\$ 7.15		
Medical:	S\$ —		
Disbursement:	S\$ — (e.g. Tow/ Independent)		
Legal Cost	S\$ —		
Total:	S\$ 19,807.15 Global Sum S\$: 19,800.00		
FINAL PAYMENT	Date/Time: Confirm with:	Email ☐ Call ☐	
Payee 1:	S\$ 19,800.00 Name 1: SM AUTOMOTIVE		
Payee 2: (Strike if N.A.)	S\$ — Name 2: —		
Payee 3: (Strike if N.A.)	S\$ — Name 3: —		