

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

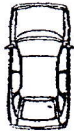
STEVE

DOI: 30/09/2019

Date / Time : 30/09/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBB 9650E

Claim No. : 2NM190204639

Name of Insured : Song Meng Metal Works

Policy No. :

Insured Tel No. : HP:

Make / Model : 1. DYNA

Excess Sec II : \$

D.O.A : 27/09/2019 15:15

Place of Accident : DEFU LANE 10 CAR PARK

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

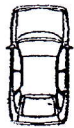
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

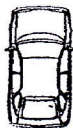
SHD 6462U

INSRS:
WSP: SMRT, WL

Tel :

Liability :

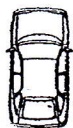
RMKS:

INSRS:
WSP:

Tel :

Liability :

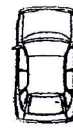
RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

INSRS:
WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 6462U - CC3/AIG13004343/R1v1b3q2; DOA:28.2.13	Non-Reporting ltr (1st):	
	GBB 9650E - CS3/CTI19009293/Gcd3e2; DOA:20.5.19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
10/10/19	- PLUS REVIEWED. OI REPORTED HE RECOVERED BUT FROM CIP LOT WHEN TP ALSO RECOVERED TO PARK ON THE SIDE OF CIP LOT. TP REPORTED HE WAS STATIONARY. SEND LETTER TO OI TO NOTIFY TP CLAIM & NCD ISSUES. - TO GET TP EVIDENCE. - MINUTED - REPORT DONE - TP LOD IN BY EMAIL	Call OI: After call ltr to OI: 10/10/19 - 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:	☐ ☐
PRELIMINARY ADVICE	Date/Time: 02/10/19	Sent By: ab	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	\$S 2,480.36	(3 days) Reduction: 79 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/02/20	Confirm with: LBS GSK	Email ☒ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: 2,480.36	\$S 1,240.18		(BOTH RECOVERED)
Loss of Rental (LOR): 294.25	\$S 294.25	(5 days) x \$17.70	
Loss of Use (LOU): -	\$S -	(\$ x 5 days)	
Loss of Income (LOI): 100.00	\$S 100.00	(\$ 60 x 5 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒		[Tick only one]	
GIA/LTA Search 47.00	\$S 7.00		
Medical: -	\$S -		1) Claim status: Normal/Reject/Private Settle
Disbursement: -	\$S -	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost -	\$S -		3) Survey fee: \$400.00
Total: 4,375.86	\$S 1,691.43	Global Sum \$S: 1,690.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$S 1,690.00	Name 1: SMRT TAXIS PTE LTD	
Payee 2: (Strike if N.A.)	\$S -	Name 2: -	
Payee 3: (Strike if N.A.)	\$S -	Name 3: -	