

ASSIGNMENT

Surveyor:

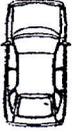
STEVE

DOI: 01/10/2019

Date / Time : 01/10/2019

Registered in Merimen: 03/10/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SMN 2215G

Claim No. : 1505583088GG

Name of Insured : CHUA YUAN SHEN

Policy No. : 1900130019

Insured Tel No. : HP:

Make / Model : MITSUBISHI OUTLANDER-2.0 (A)

Excess Sec II :\$\$ D.O.A : 29/09/2019 10:20

QUEENSWAY FILTER LANE (RH) TOWARDS COMMONWEALTH AVE
Place of Accident :

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

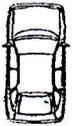
If NO, Driver Name / Age : HAH YAN YUN

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

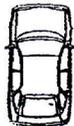
Driver Tel No. : +65-94371132 (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

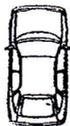
SHB 5422C



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
	SHB 5422C - NA/INC18008239/r3; DOA: 04.05.18 SMN 2215G - X	
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
10/10/19	- MUE REVIEWED. OLD RATE - ENDED TP. SEND LETTER to BUWAN to OI TO NOTIFY TP CLAIM to NCD ISSUES.	
	Call OI:	
	After call ltr to OI: 10/10/19 - vic	
	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 checked="" 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: FIR	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	SS 1,982.55 (3 days)	Reduction: 76 %	Email <input type="checkbox"/> Call <input type="checkbox"/>

FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	

Repair Cost:	SS 1,982.55	If NO or B 28, Ass. Lia : COLO RATE - ENDED TP)
Loss of Rental (LOR):	SS 583.15 (5 days) x \$ 116.63	

Loss of Use (LOU):	SS - (\$ x days)	
Loss of Income (LOI):	SS 341.15 (\$ 68.23 5 days) (NOA)	

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	SS 7.00	

Medical:	SS -	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS - (e.g. Tow/Independent)	2) Report Format:

Legal Cost	SS -	3) Survey fee: \$320.00
Total:	SS 2,913.85	Global Sum S\$: -

FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 2,913.85	Name 1: SMRT TAXIS PTE LTD	

Payee 2: (Strike if N.A.)	SS -	Name 2: -
Payee 3: (Strike if N.A.)	SS -	Name 3: -