

INS. CASE OWNER: **BEN TAN**

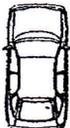
CC3/CTI19020960/Qha3

LKK:
IDAC:

ASSIGNMENT

Surveyor: **OSP** DOI: **25.11.2019** Date / Time : **25.11.2019**
Registered in Merimen: _____

Pre-assign / CCU / FTE

 Insured Vehicle No. : **GBE 2543L** Claim No. : **SNM19D105586**
 Name of Insured : **21 Beyond Pte Ltd** Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : _____
 Excess Sec II :\$ _____ D.O.A : **21/11/2019 17:00** Place of Accident : _____
 Is driver the owner? (YES NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____ OI GIA REPORT: YES ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : _____ % Final ? Yes / No

SHC 4612Y

 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
	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
28/01/2020	After call ltr to OI: 28/01/2020 - VIC	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: **04/12/19** Sent By: **QB**

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **HS** S\$ **1,400.00** (**3** days) Reduction: _____ % Email Call

FINAL SETTLEMENT Date/Time: **28/01/20** Confirm with: **LOB GSK** Email Call

Final Liability: % **100** (Agreed / Assessed) BOLA S/N No. : **NIL** If NO or B 28, Ass. Lia : **OLD RECOVERED & HIT PARKED TP**

Repair Cost: S\$ **1,400.00** TP VIDEO IN

Loss of Rental (LOR): S\$ **654.84** (**6** days) x **109.14**

Loss of Use (LOU): S\$ **-** (\$ x days)

Loss of Income (LOI): S\$ **360.00** (**60** x **6** days) **BELOW 40K MAINTENANCE**

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ **7.00**

Medical: S\$ **-**

Disbursement: S\$ **-** (e.g. Tow/ Independent)

Legal Cost S\$ **-**

Total: S\$ **2,421.84** Global Sum S\$: **2,420.00**

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Confirm by: _____

Payee 1: S\$ **2,420.00** Name 1: **SMRT TAXIS PTE LTD**

Payee 2: (Strike if N.A.) S\$ **-** Name 2: **-**

Payee 3: (Strike if N.A.) S\$ **-** Name 3: **-**