

15/5/2010

INS. CASE OWNER:

BENNY

CC3/AIG19020961/Qha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

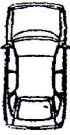
OSP

DOI: 25.11.2019

Date / Time : 25.11.2019

Registered in Merimen: 26.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SDJ 6896S

Claim No. : 03039637596

Name of Insured : KAN KUON WENG

Policy No. :

Insured Tel No. : HP: +65-96385046

Make / Model : MAZDA 3-1.5 L (A)

Excess Sec II :\$ D.O.A : 19/11/2019 16:50

Place of Accident : PIE EXIT TO JURONG TOWN HALL

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

If NO, Driver Name / Age :

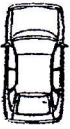
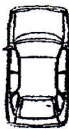
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SG 5851R

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 5851R - X	SDJ 6896S - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
16/12/19	- MIG REVIEWED. OI FROM SUP ROAD.		Notification ltr (if non-pickup):	
	- LETTER SENT OUT.		Call OI:	EMAIL 14.12.19.
			After call ltr to OI:	
	- FINALISED		Documentation Check List: Handler	Typist
	- TP LOD IN BY EMAIL		Notification ltr (if non-pickup)	☐
11/02/2020	- UPLOADED IA IN MERIMEN		After call ltr to OI: (EMAIL)	☒
			Authorisation To Act:	☒
20/02/2020	- MIG APPROVED MANDATE		Release Voucher:	☒
22/02/2020	- SEND 1ST OFFER TO TP		Final Repair Bill:	☒
25/02/2020	- TP ACCEPTED OFFER.		Car Rental Invoice:	☐
	- ALL DOCS IN ORDER.		Towing Invoice	☐
	- TO CLOSE		LTA / GIA :	☒
			Medical Bill:	☐
			PIR:	☐
			Mandate/Reject Instruction:	☒
			LOD	☒
			Payment Breakdown Form:	☐
			Post-Repair Photos:	☐
			Others:	☐

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	PIR	\$S 1,430.00	(2 days) Reduction: 60 %	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time: 25/02/20	Confirm with: PATRICK	Email ☒	Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	1	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 1,433.00	OI EXT SUP ROAD TH TP.			
Loss of Rental (LOR):	\$S -	(days)			
Loss of Use (LOU):	\$S 750.00	(\$ 300 x 2.5 days)			
Loss of Income (LOI):	\$S -	(\$ x days)			
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐	[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:	
Legal Cost	\$S -			3) Survey fee:	\$320.00
Total:	\$S 2,190.00	Global Sum \$S:	2,190.00		
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	\$S 2,190.00	Name 1:	SMRT BUSES LTD		
Payee 2: (Strike if N.A.)	\$S -	Name 2:	-		
Payee 3: (Strike if N.A.)	\$S -	Name 3:	-		