

15/5/2010

INS. CASE OWNER:

CC 3 / AIG190 21516, Qkh

LKK:

IDAC:

Surveyor:

snnpin.

DOI:

ASSIGNMENT

11/12/19

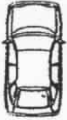
Date / Time :

11/12/19.

Registered in Merimen:

12/12/19.

Pre-assign / CCU / FTE



Insured Vehicle No. :

SCW 310.

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

07/12/19.

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

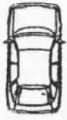
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SHB 17464



INSRS:

WSP:

Tel :

Liability :

RMKS:

CMRT.



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
SHB 17464 - K	Non-Reporting ltr (1st):	
SCW 310 - K	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
	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: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost:	P/P S\$ 500.00 (2 days) Reduction: 14,392.61/97%	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 16/12/2020 Confirm with: LEE GEK Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 500.00	
Loss of Rental (LOR):	S\$ 260.83 (2.5 days) X \$104.33	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 208.22 (\$ 83.29 x 2.5 days)	
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search	S\$ 7.00	
Medical:	S\$	
Disbursement:	S\$ (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S\$	2) Report Format: TP
		3) Survey fee: \$320
Total:	S\$ 976.05	Global Sum S\$: 970.00
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	S\$ 970.00	Name 1: SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

• AIG.

TOTAL