

15/5/2010

INS. CASE OWNER:

CC 3 /AIG190

21718, Q d 6352

LKK:

IDAC:

Surveyor:

Sun Pin

DOI:

ASSIGNMENT

a111111

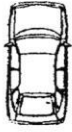
Date / Time :

a111111

Registered in Merimen:

10/11/19

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLU 3221G

Claim No. :

Name of Insured :

KENNETH RICHARD EYEARS

Policy No. :

Insured Tel No. :

HP:

Make / Model :

TOYOTA

Excess Sec II :\$

D.O.A :

6/12/19

Place of Accident :

TOMKES AVE

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

EYEARS POOMTIEH KUYAKHAW

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

Driver Tel No. :

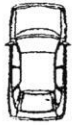
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHB 397A



INSRS:

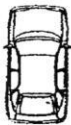
WSP:

Tel :

Liability :

RMKS:

SMRT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

| Date/ Time                                                                                                                                                          | STAGE                                      | DATE / PIC                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------|
| 31/1/2020                                                                                                                                                           | Non-Reporting ltr (1st):                   |                                                              |
|                                                                                                                                                                     | 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)           | <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 checked="" 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"/>            |
| <b>PRELIMINARY ADVICE</b> Date/Time: Sent By:                                                                                                                       |                                            |                                                              |
| <b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:                                                                                                            |                                            |                                                              |
| Repair Cost:                                                                                                                                                        | \$S 6200.00 ( 6 days) Reduction: 67 %      | Email <input type="checkbox"/> Call <input type="checkbox"/> |
| <b>FINAL SETTLEMENT</b> Date/Time: 13/10/2020 Confirm with Tan Lee Gek Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>                      |                                            |                                                              |
| Final Liability:                                                                                                                                                    | % 100 (Agreed / Assessed) BOLA S/N No. : 5 | If NO or B 28, Ass. Lia :                                    |
| Repair Cost:                                                                                                                                                        | \$S 6200.00                                |                                                              |
| Loss of Rental (LOR):                                                                                                                                               | \$S 1129.92 ( 11 days) x \$102.72          |                                                              |
| Loss of Use (LOU):                                                                                                                                                  | \$S - (\$ x days)                          |                                                              |
| Loss of Income (LOI):                                                                                                                                               | \$S 550.00 (\$ 50 x 11 days)               |                                                              |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> [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: TP                                         |
| Legal Cost                                                                                                                                                          | \$S -                                      | 3) Survey fee: \$320                                         |
| Total:                                                                                                                                                              | \$S 7886.92 Global Sum \$S:                |                                                              |
| <b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>                                                          |                                            |                                                              |
| Payee 1:                                                                                                                                                            | \$S 7886.92 Name 1: SMRT Taxis Pte Ltd     |                                                              |
| Payee 2: (Strike if N.A.)                                                                                                                                           | \$S Name 2:                                |                                                              |
| Payee 3: (Strike if N.A.)                                                                                                                                           | \$S Name 3:                                |                                                              |