

15/5/2010

INS. CASE OWNER:

Janice

CC 3 / EQ11902 2187, (Qp6)

LKK:

IDAC:

Surveyor:

Sun Pin

DOI:

ASSIGNMENT

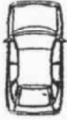
16/11/10

Date / Time :

16/11/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

G8J 7330A

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A. :

12/11/10

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 52899

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 |
|------------|------------------------------------------|------------|
| 07/08/2020 | 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)         |            |
|            | 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:                                                                | Confirm by: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|-------------------------------------------------------------------------|-------------|
| FINALIZATION                                                                                                                                        | Date/Time:            | Confirm with:                         | Confirm by:                                                             |             |
| Repair Cost: P/P                                                                                                                                    | S\$ 4,638.42          | ( 4 days) Reduction: 77 %             | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |             |
| FINAL SETTLEMENT                                                                                                                                    | Date/Time: 07/08/2020 | Confirm with Lee Gek                  | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |             |
| Final Liability:                                                                                                                                    | % 100                 | (Agreed / Assessed) BOLA S/N No. : 10 | If NO or B 28, Ass. Lia :                                               |             |
| Repair Cost:                                                                                                                                        | S\$ 4,638.42          |                                       |                                                                         |             |
| Loss of Rental (LOR):                                                                                                                               | S\$ 629.70            | ( 5.5 days) x \$114.49                |                                                                         |             |
| Loss of Use (LOU):                                                                                                                                  | S\$                   | ( \$ x days)                          |                                                                         |             |
| Loss of Income (LOI):                                                                                                                               | S\$ 275.00            | ( \$ 50 x 5.5 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\$                   |                                       |                                                                         |             |
| Disbursement:                                                                                                                                       | S\$                   | (e.g. Tow/ Independent )              |                                                                         |             |
| Legal Cost                                                                                                                                          | S\$                   |                                       |                                                                         |             |
| Total:                                                                                                                                              | S\$ 5,550.12          | Global Sum S\$: 5,550.00              |                                                                         |             |
| FINAL PAYMENT                                                                                                                                       | Date/Time:            | Confirm with:                         | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |             |
| Payee 1:                                                                                                                                            | S\$ 5,550.00          | Name 1: SMRT Taxis Pte Ltd            |                                                                         |             |
| Payee 2: (Strike if N.A.)                                                                                                                           | S\$                   | Name 2:                               |                                                                         |             |
| Payee 3: (Strike if N.A.)                                                                                                                           | S\$                   | Name 3:                               |                                                                         |             |