

INS. CASE OWNER:

**ASSIGNMENT**

Surveyor:

**LEE HOCK ANN**

DOI: **06/01/2020**

Date / Time : **06/01/2020**

Registered in Merimen: **07/01/2020**

Pre-assign / CCU / FTE



Insured Vehicle No. : **SMD 1577X**

Claim No. : \_\_\_\_\_

Name of Insured : **LAW CHOON PIOW**

Policy No. : **1800093203**

Insured Tel No. : \_\_\_\_\_ HP: **+65-91256933**

Make / Model : **MITSUBISHI ATTRAGE-1.2 CVT (A)**

Excess Sec II : \$\$ \_\_\_\_\_ D.O.A : **18/12/2019 11:35**

Place of Accident : **PIE**

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**

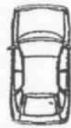
**SMD 222B**



INSRS:  
WSP: **SUCCESS UNITED**  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS:  
WSP: \_\_\_\_\_  
Tel : \_\_\_\_\_  
Liability : \_\_\_\_\_  
RMKS: \_\_\_\_\_

| Date/ Time   | SMD 222B - X  | SMD 1577X - X                         | STAGE   | DATE / PIC   |
|--|---|---------------------------------------|---|--|
|  |   |                                       | Non-Reporting ltr (1st):  |  |
|  |   |                                       | Non-Reporting ltr (2nd):  |  |
|  |   |                                       | Non-Reporting ltr (Final):  |  |
|  |   |                                       | Notification ltr (if non-pickup):                                       |  |
|  |   |                                       | Call OI:  |  |
|  |   |                                       | After call ltr to OI:   |  |
|  |   |                                       | <b>Documentation Check List:</b>  | <b>Handler</b> <b>Typist</b>                                 |
|  |   |                                       | 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 checked="" 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>SETTLED AND CLOSED</b>                                   |                                       |   |  |
| <b>PRELIMINARY ADVICE</b>  | Date/Time: _____  | Sent By: _____                        |   |  |
| <b>FINALIZATION</b>  | Date/Time: _____  | Confirm with: _____                   | Confirm by: _____   |  |
| Repair Cost: <b>P/P</b>  | \$S <b>2,007.44</b> ( <b>3</b> days) Reduction: <b>58</b> % |                                       | Email <input type="checkbox"/> Call <input type="checkbox"/>            |  |
| <b>FINAL SETTLEMENT</b>  | Date/Time: <b>19/05/2020</b>                                | Confirm with: <b>SIRINA SOON</b>      | Email <input checked="" type="checkbox"/> Call <input type="checkbox"/> |  |
| Final Liability:   | % <b>100</b> (Agreed / Assessed) BOLA S/N No. : <b>27</b>   |                                       | If NO or B 28, Ass. Lia :   |  |
| Repair Cost: (W/GST)   | \$S <b>2,147.96</b>   |                                       | <b>OI rear-ended TP</b>   |  |
| Loss of Rental (LOR)(W/GST)  | \$S <b>535.00</b> ( <b>5</b> days) X \$100.00               |                                       |   |  |
| Loss of Use (LOU):   | \$S - (\$ x days)   |                                       |   |  |
| Loss of Income (LOI):  | \$S - (\$ x days)   |                                       |   |  |
| LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one] |   |                                       |   |  |
| GIA/LTA Search   | \$S <b>2.00</b>   |                                       |   |  |
| Medical:   | \$S -   |                                       | 1) Claim status: Normal/Reject/Private Settle                           |  |
| Disbursement:  | \$S - (e.g. Tow/ Independent )                              |                                       | 2) Report Format: <b>TP</b>   |  |
| Legal Cost   | \$S -   |                                       | 3) Survey fee: <b>\$320.00</b>  |  |
| <b>Total:</b>  | \$S <b>2,684.96</b>   | <b>Global Sum \$S: 2,600.00</b>       |   |  |
| <b>FINAL PAYMENT</b>   | Date/Time: _____  | Confirm with: _____                   | Email <input type="checkbox"/> Call <input type="checkbox"/>            |  |
| Payee 1:   | \$S <b>2,600.00</b>   | Name 1: <b>SUCCESS UNITED PTE LTD</b> |   |  |
| Payee 2: (Strike if N.A.)  | \$S -   | Name 2: -                             |   |  |
| Payee 3: (Strike if N.A.)  | \$S -   | Name 3: -                             |   |  |