

INS. CASE OWNER:

ASSIGNMENT

Surveyor: STEVE

DOI: 05/02/2020

Date / Time : 05/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SDV 9595C

Claim No. : —

Name of Insured : —

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II :S\$

D.O.A : 04/02/2020 11:30

Place of Accident : ADAM ROAD > 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

SHD 6031E

INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
	SHD 6031E - CC3/AIG16011125/K1yb3q2; DOAI 14.06.16	
	SDV 9595C - CS/AIG18019269/Urd3n2; DOA: 19.10.18	
	- CC3/AIG18000289/T1ea3s2; DOA : 16.12.17	
	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 checked="" type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
15/12/2020	SETTLED AND CLOSED / ALL DOCS IN P DRIVE	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: L/S	S\$ 1,300.00 (2 days) Reduction: 56.36 %	Confirm by: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 08/12/2020 Confirm with TAN LEE GEK	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,300.00	OID CHANGED LANE *PIR IN
Loss of Rental (LOR):	S\$ 278.20 (2.5 days) x \$111.28	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 125.00 (\$ 50 x 2.5 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <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: \$400.00
Total:	S\$ 1,710.20 Global Sum S\$: 1,600.00	
FINAL PAYMENT	Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 1,600.00	Name 1: SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3: