INS. CASE OWNER:	CHAN KIAN MENG	CC3/AIG20003488/Qea3	LKK: IDAC:

ASSIGNMENT

Surveyor: **OI SUN PIN** DOI: **28/02/2020** Date / Time: **28/02/2020** Registered in Merimen: **03/03/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKV 1664G**		Claim No. :	**5853802772SG**
Name of Insured : **VOO PIT ENG**		Policy No. :	**1900135303**
Insured Tel No. :	HP: **90125553**	Make / Model :	
Excess Sec II :S$	D.O.A : **10/10/2019 19:10**	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**

SMB 324B

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
	SMB 324B - CC3/AIG15021228/K1yg3q2; 04.12.15	Non-Reporting ltr (1st):	
	SKV 1664G - NA/INC20000570/z4; 08.01.2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	OINR. To send out first letter. File pass to Su Li.	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: OSP
Repair Cost:	**P/P** S$ **976.00** (**1** days) Reduction: **42** %		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: **03.06.21**	Confirm with **KAREN**	Email ☐ Call ☐
Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **NIL**	If NO or B 28, Ass. Lia :	
Repair Cost:	S$ **976.00**	OI OVERTAKE AND HIT TP VEHICLE	
Loss of Rental (LOR):	S$ **-** (days)		
Loss of Use (LOU):	S$ **250.00** ($ **250** x **1** days)		
Loss of Income (LOI):	S$ **-** ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ✓ LOR + LOI ☐ [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: **$320**	
Total:	S$ **1,233.00** Global Sum S$:		

FINAL PAYMENT	Date/Time: **03.06.21**	Confirm with: **KAREN**	Email ☐ Call ☐
Payee 1:	S$ **1,233.00**	Name 1: **SMRT BUSES LTD**	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	