

15/5/2010

CC3/AIG20004405/Qea3

LKK:

INS. CASE OWNER:

IDAC:

ASSIGNMENT

Surveyor: OSPDOI: 20/03/2020Date / Time : 20/03/2020Registered in Merimen: 24/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 2773P

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ D.O.A : 14/03/2020 10:30Place of Accident : BEFORE BS:04111- STAMFORD ROAD CAPITOL BLDG

Is driver the owner? (YES / NO) Nature of Accident : _____

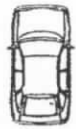
If NO, Driver Name / Age : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SG 1711M

INSRS:
WSP: SMRT
Tel : AUTOMOTIVE
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	SG 1711M - CC3/AIG19017065/Ehs3q2	19/09/2019	Non-Reporting ltr (1st):	
	NBA/AIG19016547/Y	19/09/2019	Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
	SMD 2773P - X		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:	☐ ☐
PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
			Others:	☐ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by: <u>OSP</u>	
Repair Cost:	<u>L/S</u> S\$ <u>3,050.00</u> (<u>3</u> days) Reduction: <u>24</u> %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>07.01.22</u> Confirm with <u>KAREN</u>		Email ☐ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>1</u>		If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>3,050.00</u>		<u>OID EXIT SLIP ROAD HIT TP</u>	
Loss of Rental (LOR):	S\$ - (days)			
Loss of Use (LOU):	S\$ <u>1,375.00</u> (\$ <u>250</u> x <u>5.5</u> days)			
Loss of Income (LOI):	S\$ - (\$ x days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]				
GIA/LTA Search	S\$ <u>7.00</u>			
Medical:	S\$ -		1) Claim status: Normal/ <u>Project Status</u>	
Disbursement:	S\$ - (e.g. Tow/ Independent)		2) Report Format: <u>TP</u>	
Legal Cost	S\$ -		3) Survey fee: <u>\$320</u>	
Total:	S\$ <u>4,432.00</u> Global Sum S\$: <u>4,430.00</u>			
FINAL PAYMENT	Date/Time: <u>07.01.22</u> Confirm with: <u>KAREN</u>		Email ☐ Call ☐	
Payee 1:	S\$ <u>4,430.00</u> Name 1: <u>SMRT BUSES LTD</u>			
Payee 2: (Strike if N.A.)	S\$ Name 2:			
Payee 3: (Strike if N.A.)	S\$ Name 3:			