

INS. CASE OWNER:

CC 3 / AIG 2000 6498 / Qks3

LKK:

IDAC:

ASSIGNMENT

Surveyor: OSPDOI: 19/06/2020Date / Time : 19/06/2020Registered in Merimen: 22/06/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SKU 7687G

Name of Insured : JOHNNY TAN CHONG HENG

Insured Tel No. : _____ HP: _____

Excess Sec II : \$S _____ D.O.A : 18/06/2020

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

Claim No. : _____

Policy No. : _____

Make / Model : _____

Place of Accident : _____

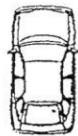
If NO, Driver Name / Age :

Driver Tel No. :

(V/L: ☒ YES / NO)OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Insured Liability : _____ % Final ? Yes / No

SHB 739Y



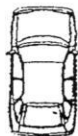
INSRS:

WSP: SMRT

Tel : _____

Liability : _____

RMKS: _____



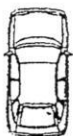
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



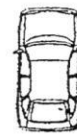
INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS:

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date/ Time	SHB 739Y : NS/INC13015261/R1vc3 ; DOA : 16/8/2013 SKU 7687G : CC6/AIG15021894/Kyb3q2 ; DOA : 14/12/2015	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:	
		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 with: _____	Confirm by: _____
FINALIZATION	Date/Time: _____ Confirm with: _____	Confirm by: _____	Email ☐ Call ☐
Repair Cost: L/S	\$S 3000.00 (5 days) Reduction: 9241.80 % 75		
FINAL SETTLEMENT	Date/Time: <u>04/01/2021</u> Confirm with <u>LEE GEK</u>	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 3000.00		
Loss of Rental (LOR):	\$S 730.31 (7 days) x \$104.33		
Loss of Use (LOU):	\$S (\$ x days)		
Loss of Income (LOI):	\$S 350.00 (\$ 50 x 7 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: \$320.00	
Total:	\$S 4087.31 Global Sum \$S: 4000.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	\$S 4000.00 Name 1: SMRT TAXIS PTE LTD		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		