

INS. CASE OWNER:

CC 3 / CTI 2000 7362 / Qes3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

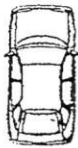
OSP

DOI: 25/06/2020

Date / Time : 25/06/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 6651E

Claim No. : —

Name of Insured : METRACO REFRIGERATION

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ — D.O.A : 25/06/2020

Place of Accident : —

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

If NO, Driver Name / Age :

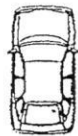
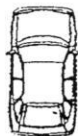
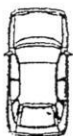
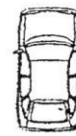
OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. :

(V/L: ☒ YES / NO)

Insured Liability : % Final ? Yes / No

SHB 5344U

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

Date/ Time	SHB 5344U : CC4/III19017631/Epa3q2 ; DOA : 02/10/2019 GBJ 6651E : 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:	
		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: OSP
Repair Cost:	P/P S\$ 6,994.76 (4 days) Reduction: 72 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 01.10.20 Confirm with LEE GEK	Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ 6,994.76	OID REAR ENDED TP	
Loss of Rental (LOR):	S\$ 790.23 (7 days) X \$112.89		
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/Printed/Scanned	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	S\$ -	3) Survey fee: \$400	
Total:	S\$ 8,141.99 Global Sum S\$:		
FINAL PAYMENT	Date/Time: 01.10.20 Confirm with: LEE GEK	Email ☐ Call ☐	
Payee 1:	S\$ 8,141.99 Name 1: SMRT TAXIS PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		