

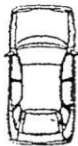
INS. CASE OWNER:

~~CC3 / AIG 2000 9610 / Qks3~~

ASSIGNMENT

Surveyor: OSPDOI: 04/09/2020Date / Time: 08/09/2020Registered in Merimen: 08/09/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 7975R

Claim No. : _____

Name of Insured : CLEMENTS ZUZANA

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 04/09/2020

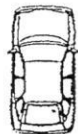
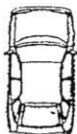
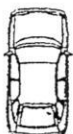
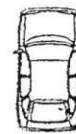
Place of Accident : _____

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

If NO, Driver Name / Age : _____

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SHD 6260KINSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date / Time	SHD 6260K : CC3/AIG17023387/Sya3q2 ; DOA : 07/12/2017 SMD 7975R : X	STAGE	DATE / PIC	
16/02/2021	Pls refer to VIEWS for details.	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:	☐	☐		
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐	
Others:	☐	☐		
FINALIZATION Date/Time:	Confirm with:	Confirm by:		
Repair Cost: P/P S\$ 1,454.30 (3 days) Reduction: 85 %		Email ☐ Call ☐		
FINAL SETTLEMENT Date/Time: 16/02/2021 Confirm with Lee Gek		Email ☒ Call ☐		
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 1,454.30				
Loss of Rental (LOR): S\$ 475.08 (4 days) x \$118.77				
Loss of Use (LOU): S\$ (\$ x 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: \$320.00		
Total: S\$ 1,936.38 Global Sum S\$ 1,890.00				
FINAL PAYMENT Date/Time:	Confirm with:	Email ☒ Call ☐		
Payee 1: S\$ 1,890.00 Name 1: SMRT TAXIS PTE LTD				
Payee 2: (Strike if N.A.) S\$ Name 2:				
Payee 3: (Strike if N.A.) S\$ Name 3:				