

ASSIGNMENT CC3/CTI20011113/Qpa3q2Surveyor: OI SUN PINDOI: 12/10/2020Date / Time : 12/10/2020

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SJD 5710L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 10/10/2020 09:50Place of Accident : PIE > CHANGI

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 635MINSRS:
WSP: SMRT ,WL
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 635M - CC3/AIG07000119/IKts ; 30/07/2007	STAGE	DATE / PIC
	CF/AIG07000389/a XX ; 30/07/2007	Non-Reporting ltr (1st):	
	SJD 5710L - NA/CTI20010982/z4 ; 10.10.2020	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: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost: <u>L/sum</u>	S\$ <u>1,550.00</u> (<u>3</u> days) Reduction: <u>85</u> %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: <u>31/03/2021</u> Confirm with: <u>Lee Gek</u>	Email ☒ Call ☐	
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>28</u>	If NO or B 28, Ass. Lia : <u>0</u>	
Repair Cost:	S\$ <u>1,550.00</u>		
Loss of Rental (LOR):	S\$ <u>532.35</u> (<u>5</u> days) <u>x\$106.47</u>		
Loss of Use (LOU):	S\$ _____ (\$ _____ x _____ days)		
Loss of Income (LOI):	S\$ <u>250.00</u> (\$ <u>50</u> x <u>5</u> days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]			
GIA/LTA Search	S\$ <u>7.00</u>		
Medical:	S\$ _____		
Disbursement:	S\$ _____ (e.g. Tow/ Independent)		
Legal Cost	S\$ _____		
Total:	S\$ <u>2,339.35</u>	Global Sum S\$: <u>2,300.00</u>	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email ☒ Call ☐
Payee 1:	S\$ <u>2,300.00</u>	Name 1: <u>SMRT TAXIS PTE LTD</u>	
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____	