15/5/2010

INS. CASE OWNER:

CC3/CTI20013336/Qea3

LKK:

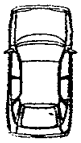
IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 26/11/2020 Date / Time : 26/11/2020

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : GZ 1090M Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

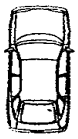
Excess Sec II :S$ D.O.A : 24/11/2020 19:25 Place of Accident :

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

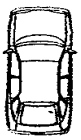
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

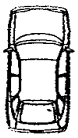
SHB 5185L → → →



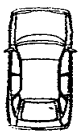
INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 5185L - CC3/AIG13009817/R1k1n3w2 ; 30/05/2013	**STAGE** **DATE / PIC**
	CC3/AIG20003511/T1ks3s2 ; 28/02/2020	Non-Reporting ltr (1st):
	CC4/ASM18001041/Gwb3q2 ; 16/01/2018	Non-Reporting ltr (2nd):
	CS/TIT09008997/Zq1 ; 21/04/2009	Non-Reporting ltr (Final):
	NS/INC15011477/K1gbn2 ; 06/07/2015	Notification ltr (if non-pickup):
	NS/INC15021398/K1gbn2 ; 13/12/2015	Call OI:
	GZ 1090M - X	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: OSP
Repair Cost: L/S	S$ 4,250.00 (4 days)	Reduction: 78 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22.04.21	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$ 4,250.00	OID CHARGED FOR CARELESS DRIVING	
Loss of Rental (LOR):	S$ 749.00 (7 days)	X $107	
Loss of Use (LOU):	S$ - ($ 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: $400
Total:	**S$** 5,006.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 22.04.21	Confirm with: LEE GEK	Email ☐ Call ☐
Payee 1:	S$ 5,006.00	Name 1:	SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	