15/5/2010

INS. CASE OWNER:

~~CC3/AIG20014270/Qba3~~ CC3/AIG20014270/Qea3

LKK:

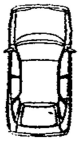
IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 18/12/2020 Date / Time : 18/12/2020

Registered in Merimen: 22/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLC 7709K Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

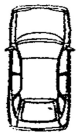
Excess Sec II :S$ D.O.A : 10/12/2020 19:04 Place of Accident :

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

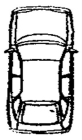
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

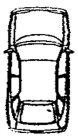
SG 5870K → → →



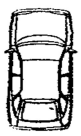
INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SG 5870K - CC4/III20012970/Qbs3 ; 17.11.2020	Non-Reporting ltr (1st):	
	SLC 7709K - CC3/AIG18004017/Avbq2 ; 24/02/2018	Non-Reporting ltr (2nd):	
	CC3/AIG20014065/Avd3 ; 10/12/2020	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: OSP

Repair Cost: L/S S$ 1,150.00 (1 days) Reduction: 32 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 20.09.21 Confirm with KAREN Email ☐ Call ☐

Final Liability: 100	% 50	(Agreed / Assessed) BOLA S/N No. : 30	If NO or B 28, Ass. Lia :
Repair Cost: $1,150.00	S$ 575.00	BOTH PARTY MAKING A RIGHT TURN	
Loss of Rental (LOR): -	S$ -	(days)	
Loss of Use (LOU): $650.00	S$ 325.00	($ 325 x 2 days)	
Loss of Income (LOI): -	S$ -	($ x days)	
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search $7.00	S$ 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
Total: $1,807.00	**S$** 907.00	**Global Sum S$:**	

FINAL PAYMENT Date/Time: 20.09.21 Confirm with: KAREN Email ☐ Call ☐

Payee 1:	S$ 907.00	Name 1:	SMRT BUSES LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	