

ASSIGNMENTSurveyor: OI SUN PINDOI: 26.01.2021Date / Time : 26/01/2021Registered in Merimen: 27.01.2021**Pre-assign / CCU / FTE**Insured Vehicle No. : SMJ 2110X

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$ _____ D.O.A : 25/01/2021 14:30

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****SHF 119R**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
	SHF 119R - CC3/AIG12020790/R1k1t2y ; 24/10/2012	Non-Reporting ltr (1st):	
	CC3/AIG17021331/Smb3q2 ; 05/11/2017	Non-Reporting ltr (2nd):	
	CC3/LCR17004642/K1yb3q2 ; 03/03/2017	Non-Reporting ltr (Final):	
	NBA/MSG14018483/e1 ; 27/09/2014	Notification ltr (if non-pickup):	
	NS/INC14024073/K1vj3k3 ; 24/12/2014	Call OI:	
	SMJ 2110X - X	After call ltr to OI:	
05/05/2021	Pls refer to VIEWS for details.	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\$ 3,318.85 (4 days) Reduction: 79 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 05/05/2021 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\$ 3,318.85		
Loss of Rental (LOR):	S\$ 617.93 (5.5 days) x \$112.35		
Loss of Use (LOU):	S\$ (\$ x days)		
Loss of Income (LOI):	S\$ 275.00 (\$ 50 x 5.5 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\$ 4,218.78 Global Sum S\$: 4,150.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☒ Call ☐	
Payee 1:	S\$ 4,150.00 Name 1: SMRT TAXIS PTE LTD		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		