15/5/2010

INS. CASE OWNER:

CC3/LPC17002778/K1ea3n2-1

LKK:

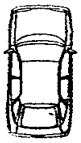
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 7201L

Name of Insured : _____

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 06/02/2017

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

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : _____

Policy No. : _____

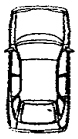
Make / Model : _____

Place of Accident : _____

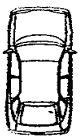
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

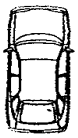
SMB 1649H → _____ → _____ → _____



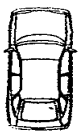
INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
		STAGE **DATE / PIC**
		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: AWK
Repair Cost: P/P	S$ 830.00 (2 days)	Reduction: 33 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 23.04.21	Confirm with JIMMY	Email ☐ Call ☐
Final Liability: 100	% 50 (Agreed / Assessed)	BOLA S/N No. : 18	If NO or B 28, Ass. Lia :
Repair Cost: $830.00	S$ 415.00	BOTH TRAVEL MERGING LANE	
Loss of Rental (LOR): -	S$ - (days)		
Loss of Use (LOU): $500.	S$ 250.00 ($ 250 x 2 days)		
Loss of Income (LOI): -	S$ - ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	
GIA/LTA Search $5.00	S$ 5.00		
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: AC1800571
Total: $1,335.00	**S$** 670.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time: 23.04.21	Confirm with: JIMMY	Email ☐ Call ☐
Payee 1:	S$ 670.00	Name 1:	SMRT BUSES LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	