15/5/2010

INS. CASE OWNER: CC3/CTI21003494/Qrs3q2

LKK:

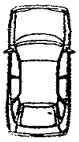
IDAC:

ASSIGNMENT

Surveyor: OSP DOI: 16/03/2021 Date / Time : 17/03/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SMM 9502L Claim No. :

Name of Insured : TAN BOON SIM Policy No. :

Insured Tel No. : HP: Make / Model :

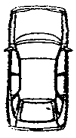
Excess Sec II :S$ D.O.A : 14/03/2021 Place of Accident :

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

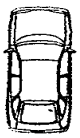
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

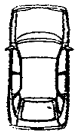
SHB 817E → → →



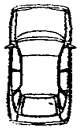
INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHB 817E : CC4/III18000598/R1yb3q2 ; DOA : 06/01/2018	**STAGE**	**DATE / PIC**
	SMM 9502L : X	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:
Repair Cost: L/SUM	S$ 1,650.00 (3 days)	Reduction: 85 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/11/2022	Confirm with LEE GEK	Email ☑ Cal ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 1,650.00		
Loss of Rental (LOR):	S$ 529.65 (5 days)	x $105.93	
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ 250.00 ($ 50 x 5 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☑	[**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: 400.00
Total:	**S$** 2,436.65	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:		Email ☐ Cal ☐
Payee 1:	S$ 2,436.65	Name 1:	STRIDES TAXI PTE LTD	
Payee 2: (Strike if N.A.)	S$	Name 2:		
Payee 3: (Strike if N.A.)	S$	Name 3:		