

ASSIGNMENT

Surveyor:

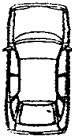
OSP

DOI: 09/04/2021

Date / Time : 09/04/2021

Registered in Merimen: 09/04/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SKD 4421Y

Claim No. : _____

Name of Insured : LOW SWEE HIAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

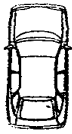
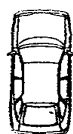
Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 07/04/2021

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** / NODriver Tel No. : _____ (V/L: **YES** / NO)Insured Liability : % **Final ? Yes / No****SHB 5487R**INSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SHB 5487R : CC3/LCR18021554/T1pb3q2 ; DOA : 24/11/2018	STAGE DATE / PIC
	SKD 4421Y : 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 ☐ ☐
10/08/2021	SETTLED AND CLOSED / NO PHY FILE	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/S	S\$ 1,250.00 (3 days) Reduction: 89.13 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 02/08/2021 Confirm with TAN LEE GEK	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S\$ 1,250.00	
Loss of Rental (LOR):	S\$ 635.58 (6 days) X \$105.93	
Loss of Use (LOU):	S\$ (\$ x days)	
Loss of Income (LOI):	S\$ 240.00 (\$ 40 x 6 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☒	[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: \$500.00
Total:	S\$ 2,132.58 Global Sum S\$: 2,100.00	
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐
Payee 1:	S\$ 2,100.00 Name 1: SMRT TAXIS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	