

INS. CASE OWNER:

ASSIGNMENT

Surveyor: ADRIAN DOI: 09/04/2021 Date / Time : 12/04/2021
Registered in Merimen: _____

Pre-assign / CCU / FTE



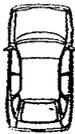
Insured Vehicle No. : PC 9417S Claim No. : _____
Name of Insured : _____ Policy No. : _____
Insured Tel No. : _____ HP: _____ Make / Model : _____
Excess Sec II :S\$ _____ D.O.A : 08/04/2021 20:00 Place of Accident : Admiralty St & Sembawang Dr, Singapore
Is driver the owner? (YES / NO) Nature of Accident : _____

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**

SMM 3265K



INSRS:
WSP: New Hock Teck
Tel : Motor Pte Ltd
Liability:
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SMM 3265K - X	PC 9417S - X	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)	<input type="checkbox"/>
			After call ltr to OI:	<input type="checkbox"/>
			Authorisation To Act:	<input type="checkbox"/>
			Release Voucher:	<input type="checkbox"/>
			Final Repair Bill:	<input type="checkbox"/>
			Car Rental Invoice:	<input type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input type="checkbox"/>
			LOD	<input type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>
FINALIZATION Date/Time:		Confirm with:	Confirm by: <u>LWP</u>	
Repair Cost: <u>L/S</u> S\$ <u>6,000.00</u> (<u>5</u> days) Reduction: <u>71</u> %			Email <input type="checkbox"/> Call <input type="checkbox"/>	
FINAL SETTLEMENT Date/Time: <u>03.08.21</u> Confirm with <u>SUKYI</u>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>NIL</u>			If NO or B 28, Ass. Lia :	
Repair Cost: <u>w/GST</u> S\$ <u>6,420.00</u>			OID CHARGED FOR CARELESS DRIVING	
Loss of Rental (LOR): S\$ <u>-</u> (<u> </u> days)				
Loss of Use (LOU): S\$ <u>500.00</u> (\$ <u>100</u> x <u>5</u> days)				
Loss of Income (LOI): S\$ <u>-</u> (\$ <u> </u> x <u> </u> days)				
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]				
GIA/LTA Search S\$ <u>7.45</u>				
Medical: S\$ <u>-</u>			1) Claim status: Normal/ Reject/Partial Settlement	
Disbursement: S\$ <u>-</u> (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>	
Legal Cost S\$ <u>-</u>			3) Survey fee: <u>\$400</u>	
Total: S\$ <u>6,927.45</u> Global Sum S\$:				
FINAL PAYMENT Date/Time: <u>03.08.21</u> Confirm with: <u>SUKYI</u>			Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1: S\$ <u>6,927.45</u> Name 1: <u>NEW HOCK TECK MOTOR PTE LTD</u>				
Payee 2: (Strike if N.A.) S\$ _____ Name 2: _____				
Payee 3: (Strike if N.A.) S\$ _____ Name 3: _____				