15/5/2010

INS. CASE OWNER:

CC3/AIG21005807/T1pa3

LKK:

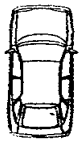
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 11/05/2021 Date / Time : 14/05/2021

Registered in Merimen: 14/05/2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SW 1819C

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 09/05/2021 12:21

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. :

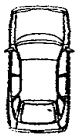
Make / Model : Mercedes MBOC500

Place of Accident : CHOA CHU KANG DRIVE (AFTER BS: 44291-OPP CCK POLYCLINIC)

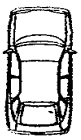
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

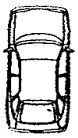
SMB 69M →



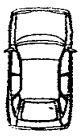
INSRS:
WSP: SMRT , WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMB 69M - X SW 1819C - CB/AIG09020126/h ; 09.02.2007	
21/07/2021	Pls refer to VIEWS for details.	

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:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/sum S$ 2,900.00 (3 days) Reduction: 48 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/07/2021 Confirm with Karen Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 1	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 2,900.00	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ 875.00 ($250 x 3.5 days)	
Loss of Income (LOI):	S$ ($ x 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: $320.00
Total:	**S$** 3,782.00 **Global Sum S$:** 3,780.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☑ Call ☐

Payee 1:	S$ 3,780.00	Name 1:	SMRT BUSES LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	