

15/5/2010

INS. CASE OWNER:

CC 3 / CTI1800 6753, R2U63

LKK:

IDAC:

Surveyor:

Rasm

DOI:

ASSIGNMENT

11/4/18

Date / Time :

11/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GX 90010

Claim No. :

SNM18D01881C02

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

11/4/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SMB 3519L



INSRS:

WSP:

Tel :

Liability :

RMKS:

GMR



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:	☐ ☐
	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐
	SETTLED AND CLOSED	
PRELIMINARY ADVICE Date/Time: Sent By:		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: P/P	\$S 2,800.00 (2 days) Reduction: 63.92 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 27/04/2020 Confirm with: PATRICK TAN Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 31	If NO or B 28, Ass. Lia :
Repair Cost:	\$S 2,800.00	
Loss of Rental (LOR):	\$S - (days)	
Loss of Use (LOU):	\$S 700.00 (\$350.00 x 2 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 -	
Disbursement:	\$S - (e.g: Tow/ Independent)	
Legal Cost	\$S -	
Total:	\$S 3,507.00 Global Sum \$S: 3,450.00	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	\$S 3,450.00 Name 1: SMRT BUSES LTD	
Payee 2: (Strike if N.A.)	\$S - Name 2: -	
Payee 3: (Strike if N.A.)	\$S - Name 3: -	

OID entered yellow box
from minor road1) Claim status: Normal/Reject/Private Settle
2) Report Format: TP
3) Survey fee: \$400.00

