

INS. CASE OWNER:

Norsiah

~~CC3/AIG19014990/Epa3~~

IDAC:

ASSIGNMENT

Surveyor:

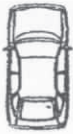
STEVE

DOI: 23/08/2019

Date / Time : 23/08/2019

Registered in Merimen: 26/08/2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SFM 9212G

Claim No. : 8507445659SG

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 20/08/19 19:40

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

SMB 142J



INSRS:

WSP: SMRT, WL

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SMB 142J - CC3/AIG14021549/K1zda3q2 DOA: 13/11/14	Non-Reporting ltr (1st):	
	SFM 9212G - CC6/AIG11026514/Nsg2q2; D OA:21/12/11	Non-Reporting ltr (2nd):	
24/8	OINR. To send out first letter. File pass to Su.	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: P/P

S\$ 884.00

(2

days) Reduction:

29

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time: 28/04/2022

Confirm with Patrick

Email ☒Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost:

S\$ 884.00

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$ 750.00

(\$250 x

3 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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$320.00

Total:

S\$

1,641.00

Global Sum S\$: 1,600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Payee 1:

S\$

1,600.00

Name 1:

SMRT BUSES LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

