

15/5/2010

CC3/CTI20003108/Qea3

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor: OI SUN PIN

DOI: 21/02/2020

Date / Time: 21/02/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GBJ 5408Z

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____

HP: 23.12.2019 16:50

Model : _____

Excess Sec II : S\$ _____

D.O.A : 00.02.2020 21:00

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 114R



INSRS: SMRT, WL

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____



INSRS: _____

WSP: _____

Tel : _____

Liability : _____

RMKS: _____

Date / Time	STAGE	DATE / PIC
SMB 114R - CC3/AXA14002153/R1ey3c3 ; 19/01/2014	Non-Reporting ltr (1st):	
CC3/MSG15021456/K1qbd1 ; 20/11/2015	Non-Reporting ltr (2nd):	
GBJ 5408Z - X	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: OSP

Repair Cost: L/S S\$ 900.00 (1 days) Reduction: 44 %

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03.03.22 Confirm with JIMMY

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 1

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 900.00

OID EXIT FROM SLIP ROAD HIT TP

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 500.00 (\$ 250 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\$ 1,407.00

Global Sum S\$:

Email ☐ Call ☐

FINAL PAYMENT Date/Time: 03.03.22

Confirm with: JIMMY

Payee 1: S\$ 1,407.00

Name 1: SMRT BUSES LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: