

INS. CASE OWNER:

CC3/AIG20005486/Qha3

IDAC:

ASSIGNMENTSurveyor: SUN PINDOI: 30/04/2020Date / Time : 29/04/2020Registered in Merimen: 29/04/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : SLL 4196L

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 03/04/2020

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 1622JINSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	SMB 1622J - NS/INC16000164/K1qh3d1 19/12/2015	STAGE
		DATE / PIC
	SLL 4196L - X	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: ☐ ☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: ☐ ☐
		Others: ☐ ☐
FINALIZATION Date/Time:	Confirm with:	Confirm by: OSP
Repair Cost: L/S S\$ 1,150.00 (2 days) Reduction: 28 %		Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 08.09.21 Confirm with JIMMY		Email ☐ Call ☐
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S\$ 1,150.00		OI HIT TP STATIONARY VEH
Loss of Rental (LOR): S\$ - (days)		
Loss of Use (LOU): S\$ 1,250.00 (\$ 250 x 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 Secde
Disbursement: S\$ - (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost S\$ -		3) Survey fee: \$320
Total: S\$ 2,407.00	Global Sum S\$:	
FINAL PAYMENT Date/Time: 08.09.21 Confirm with: JIMMY		Email ☐ Call ☐
Payee 1: S\$ 2,407.00	Name 1: SMRT BUSES LTD	
Payee 2: (Strike if N.A.) S\$	Name 2:	
Payee 3: (Strike if N.A.) S\$	Name 3:	