

INS. CASE OWNER:

CC 3 / AIG 2000 7937 / Qes3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

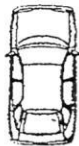
OSP

DOI: 28/07/2020

Date / Time : 28/07/2020

Registered in Merimen: 03/08/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJT 781E

Claim No. : _____

Name of Insured : CHUA KWA SENG

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$ _____ D.O.A : 14/07/2020

Place of Accident : _____

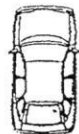
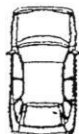
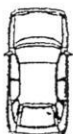
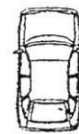
Is driver the owner? (YES / ☒ NO) Nature of Accident : _____

If NO, Driver Name / Age :

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : _____ (V/L: ☒ YES / NO)

Insured Liability : _____ % Final ? Yes / No

SG 5930X

INSRS:
WSP: SMRT
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SG 5930X : X ; SJT 781E : X

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

Post-Repair Photos:

Others:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: OSP

Repair Cost: P/P S\$ 2,262.00 (3 days) Reduction: 61 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time: 19.03.21

Confirm with KAREN

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 9

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 2,262.00

OID MAKE A LEFT TURN AT T JUNCTION HIT TP

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

Loss of Use (LOU): S\$ 1,200.00 (\$ 300 x 4 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

Total: S\$ 3,469.00

Global Sum S\$:

FINAL PAYMENT

Date/Time: 19.03.21

Confirm with: KAREN

Email ☐ Call ☐

Payee 1: S\$ 3,469.00

Name 1: SMRT BUSES LTD

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

Name 2:

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

Name 3: