

INS. CASE OWNER:

CC 3 / AIG 2000 8403 / Qds3

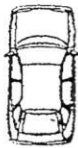
LKK:

IDAC:

ASSIGNMENT

Surveyor: **OSP**DOI: **11/08/2020**Date / Time : **11/08/2020**Registered in Merimen: **13/08/2020**

Pre-assign / CCU / FTE

Insured Vehicle No. : **SJE 7979K**

Claim No. : _____

Name of Insured : **RATNA DOJOKUSUMO SANTOSA**

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : **11/08/2020**

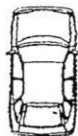
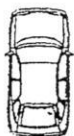
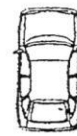
Place of Accident : _____

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

SHF 280GINSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SHF 280G : NS/INC17001308/K1tbm2 ; DOA : 17/01/2017 SJE 7979K : 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: _____		
Repair Cost:	\$S 800.88 (2 days) Reduction: 70 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 07/10/2020 Confirm with Tan Lee Gek	Email ☒ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :	
Repair Cost:	\$S 800.88		
Loss of Rental (LOR):	\$S 204.10 (1.75 days) X \$116.63		
Loss of Use (LOU):	\$S - (\$ x days)		
Loss of Income (LOI):	\$S 87.50 (\$ 50 x 1.75 days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒	[Tick only one]		
GIA/LTA Search	\$S 7.00		
Medical:	\$S -	1) Claim status: Normal Report/Private Settlement	
Disbursement:	\$S - (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S -	3) Survey fee: \$320	
Total:	\$S 1,099.48 Global Sum \$S:		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	\$S 1,099.48 Name 1: SMRT Taxis Pte Ltd		
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		