

INS. CASE OWNER:

CC3/AIG20009790/Qba3

IDAC:

ASSIGNMENTSurveyor: SUN PINDOI: 11/9/2020Date / Time : 11/9/2020Registered in Merimen: 14/9/2020**Pre-assign / CCU / FTE**Insured Vehicle No. : GBC 8339G

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : 9/9/2020 17:35Place of Accident : CHOA CHU KANG AVE 4

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**SHB 5931AINSRS:
WSP: **SMRT**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBC 8339G - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	SHB 5931A - CC3/AIG17008634/K1wa3s2 - 28/04/2017	Non-Reporting ltr (Final):	
	CC3/AXA14009832/Ev1y3q2 - 26/05/2014	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:	☐ ☐
15/04/2021	SETTLED AND CLOSED / NO PHY FILE	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: P/P	\$S\$ 2,081.44 (3 days) Reduction: 88.72 %	Email ☒ Call ☐	
FINAL SETTLEMENT	Date/Time: 15/04/2021 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: (W/GST)	\$S\$ 2,081.44		
Loss of Rental (LOR):	\$S\$ 583.15 (5 days) X \$116.63		
Loss of Use (LOU):	\$S\$ (\$ 50 x 5 days)		
Loss of Income (LOI):	\$S\$ 250.00 (\$ 50 x 5 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 Settle	
Disbursement:	\$S\$ (e.g. Tow/ Independent)	2) Report Format: TP	
Legal Cost	\$S\$	3) Survey fee: \$320.00	
Total:	\$S\$ 2,921.59 Global Sum \$S\$: 2,920.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____	Email ☐ Call ☐	
Payee 1:	\$S\$ 2,920.00 Name 1: SMRT TAXIS PTE LTD		
Payee 2: (Strike if N.A.)	\$S\$ Name 2:		
Payee 3: (Strike if N.A.)	\$S\$ Name 3:		