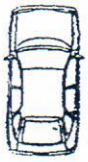
Janet

INS. CASE OWNER: Hansel | C C6/EQI1500 3600 / Kha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 27/2/15 Date / Time : 27/2/15 21/3/15

Pre-assign / CCU / FTE



Insured Vehicle No. : SBP 99H Claim No. :

Name of Insured : Tay Mei Mei Policy No. : DMPPTA15/000901

Insured Tel No. : HP: Make / Model : MAZDA 3

Excess Sec II :S$ D.O.A : 25/02/15 Place of Accident : TUPONG MAPLECAN JUNCTION

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

If **NO**, Driver Name / Age : Ong Kiat Tin OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 90391131 (V/L: YES / NO Insured Liability : % **Final ? Yes / No**

FBH 7484A → → →

INSRS:
WSP: Alan's
Tel :
Liability : 6453 8686
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
27/3/15 WEIJIE	**FOR CSO ONLY:** **Is driver the owner? (YES / NO)** **If NO, Driver Name / Age :** **Driver's Own Vehicle Number:** _____ **Insurance Company:**_____
	FBH 7484A - X ; SBP 99H - X
X	Please verify the relationship between OID & PH.
13/3 9.13am 20/3	Called OID. Friend of insured's husband Called OI's husband, Akhtar @ 81008888. Confirm OID Is A Family Friend & Accident Details : Rear-Ended TP. Inform TP Claim & NCD Issues - OI WANT TO KNOW FINAL AMOUNT OF CLAIM - DO WANTS TO ESTABLISH RELATIONSHIP OF OI & OID.
01-8-16	TO ASK SURVEYOR IF THERE IS ANY DAMAGE TO T/P M/CYCLE WHICH WAS HIT BY O/I FROM BEHIND - WE BELIEVE COR IS NOT MUCH . LIABILITY IS CLEAR .
25/07/17 15/08/17 @ 9:30AM	- CALL TO TP TO CHECK IF STILL PURSUING CLAIM. - SPOKE TO KOKWAY (TP), SAID NO REPAIR YET. HE CALLED OWNER BUT NO RESPONSE. HE SAID OWNER CLAIM BY FAX TO LAWYER. HE WILL CALL BACK OWNER & LET US KNOW. NO ESTIMATE PROVIDED. - NO PA. NO ESTIMATE.
03/08/18	SUBMIT REPORT USING REPAIR RANGE ($1-$2K) 2 DAYS

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	20/3/15 > Weijie
After call ltr to OI:	
Type Report:	
Prepare Invoice:	KCh
Others:	23/3/15

Documentation Check List:	Handler	Typist
OI Apt Ltr:	✓	
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
LTA / GIA :		
Medical Bill:		
Approval Email:		
Payment Breakdown Form:		
Others:		

FINAL SETTLEMENT	Date :	Confirm with (OID REAR-ENDED TP)		
Repair Cost:	S$ -	Final Liability: 100	% (Agreed / Assessed)	BOLA S/N No. : 27
Loss of Rental:	S$ -	(days)	VC OK	If NO or B 28, Ass. Lia :
Loss of Use:	S$ -	($ x days)	1) Claim status: Normal/Reject/Private Settle	"NO SETTLEMENT" TP INFORMED
Disbursement:	-		2) Report Format: WP REPORT	
Legal Cost :	S$ -		3) Survey fee:	
Total:	**S$** -	**Global Sum: S$**		