15/5/2015

INS. CASE OWNER: CC 6/III150 05701 / Gh e3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Guo Qiang DOI: 02/04/15 Assg Date: 02/04/15

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 1579A Claim No. : MCP14/0589/01/17

Name of Insured : Premier Taxis Pte Ltd Policy No. : MPRE 0003

Insured Tel No. : HP: Make / Model : Hyundai

Excess Sec II :S$ D.O.A : 09/02/15 Place of Accident : Upper Bukit Timah Rd Twds Dunearn Road / City

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

If **NO**, Driver Name / Age : Ng Choon Hup OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 9016 1994 (V/L: YES / NO Insured Liability : % **Final ? Yes / No**

SJG 1835X →

INSRS:
WSP: Mova Auto
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

→

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	**FOR CSO ONLY:**
10/04/15 - Cathy	Is driver the owner? (YES / NO)
	If NO, Driver Name / Age :
	Driver's Own Vehicle Number: _____ Insurance Company: _____
	SJG 1835X - X
	SHD 1579A - X
	- NO NEED TO CALL OI/OW.
	- NO NEED TO SEND LETTER TO OI
05/06/15	- FILE REVIEWED. OW REPORTED TP CHANGED LANE.
	- TP REPORTED OW CHANGED LANE.
	- CONFLICTING VERSIONS
	- EMAIL III FOR LIABILITY MANDATE.
	- OI GOT WITNESS. PENDING III FURTHER INSTRUCTIONS
20/08/15	- III APPROVED LIABILITY @ 50%.
	- EMAIL LIABILITY UNCLEAR TO TP.
15/11/17 @ 5PM	- SPOKE TO TP (CHRIS), HE CONFIRMED OWNER DID NOT COME BACK FOR REPAIR. EMAIL TO TP TO CLOSE CASE.
	- EMAIL TO III TO SUBMIT WP REPORT.
	- NO SETTLEMENT.
	"NO WITHDRAW"

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	05/06/15 VIC
After call ltr to OI:	
Type Report:	
Prepare Invoice:	
Others:	

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	(CONFLICTING VERSIONS)	
Repair Cost:	S$ —	Final Liability	50 % (Agreed / Assessed)	BOLA S/N No. : NIL
Loss of Rental:	S$ —	(days)		If NO or B 28, Ass. Lia :
Loss of Use:	S$ —	($ x days)		Format Type : WP REPORT
Disbursement:	S$ —			TP WITHDRAW CLAIM
Total:	S$ —	**Global Sum: S$**		$250.00