15/5/2010

INS. CASE OWNER: JANET | CC 4 /EQI1600 5836, T1hg3sr | LKK: IDAC:

ASSIGNMENT

Surveyor: Tandkh DOI: 31/3/16. Date / Time : 31/3/16

Pre-assign / CCU / FTE

Insured Vehicle No. :	XD84197.	Claim No. :	DM16/617-FE.
Name of Insured :	KL Logistics Pte Ltd	Policy No. :	DMCFHQ15-000053.
Insured Tel No. :	64510228 HP:	Make / Model :	Scania P360LA4X2MSZ
Excess Sec II :S$	D.O.A : 29/3/16.	Place of Accident :	Jalan Bahar
Is driver the owner?	(YES / NO) Nature of Accident :		
If NO, Driver Name / Age :	Subramaniam Jayakumar	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	81852285 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

XB8915M → → →

INSRS: WSP: Tel: Hock San motor Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
1/4/16	XB8915M - CX / 111100110661 / 4hgl DOA 3/6/10
	XD 8419 T - X
NC.	
120416 @ 9:39AM	CALLED OID NO RESPONSE.
120416 @ 10.14AM	SPOKEN TO OID. HE CONFIRMED ACCIDENT DETAIL. OID MENTION BOTH VEHICLE TURNING SAME DIRECTION AT THEIR OWN LANE BUT OID HIT TP DUE TO LONG VEHICLE. NO CCTV FOOTAGE OR PHOTO. INFORM TP CLAIM. AGREED TO SETTLE AT BEST AWARE NCD ISSUE.
	- TO GET ESTIMATE.
09-7-18	I BELIEVE 3RD PARTY'S VERSION IS CREDIBLE ASK T/PTO PRODUCE CCTV FOOTAGE TO CONFIRM IT.
	- FINALISED.
07/02/19	- NO UPDATE/FEEDBACK FROM TP. EMAIL TO EQ TO TELUP CLOSE CASE.
	- EQ ALREADY SETTLED CLAIM AS TP PASS LAWYER.
08/02/19	- SUBMIT WP REPORT TO CLOSE CASE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	12/04/16 ASHER
After call ltr to OI:	SUM 13/4

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:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LKG S$7,150.00 (8 days) Reduction: 44 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL.	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	(BOTH TURNING SAME DIRECTION)	
Loss of Rental (LOR):	S$ —	(days)	"NO SETTLEMENT"
Loss of Use (LOU):	S$ —	($ x days)	EQ SETTLED W/ TP BY LAWYER
Loss of Income (LOI):	S$ —	($ x days)	SUBMIT WP REPORT.
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	COPY SENT
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —		3) Survey fee: $ 230.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—