5/5/2010

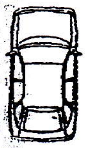
INS. CASE OWNER: | CC 4 / III170 13928 / A(kg)da3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ADRIAN | DOI: 19/7/17 | Date / Time : 18/7/17

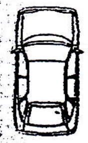
Registered in Merimen: 18/7/17

Pre-assign / CCU / FTE

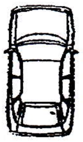


Insured Vehicle No. : SHD6711B		Claim No. :	
Name of Insured : CTPL		Policy No. : MWM007	
Insured Tel No. :	HP:	Make / Model : M-BEN E200	
Excess Sec II :S$	D.O.A : 14/7/2017	Place of Accident : HOLLAND ROAD ↗ ULU PANDAN RD	
Is driver the owner? (YES / NO) [NO circled]		Nature of Accident :	
If **NO**, Driver Name / Age : TAN PENG HWA		OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]	
Driver Tel No. :	(V/L: YES / NO) [YES circled]	Insured Liability : %	**Final ? Yes / No**

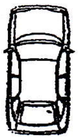
SGW7011T ⟶ ______ ⟶ ______ ⟶ ______



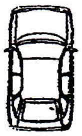
INSRS:
WSP: VFIX
Tel : 6455 2957
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
21/7/17	SGW7011T, x ; SHD6711B - x
9/8/17	- OI has to amend veh no.
24072017.	FILES REVIEWED. Case of OID changing lane and collided with TP. Request to view OD cctv footage seek liability mandate from III.

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

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 4S	S$ 750.00 (4 days)	Reduction: 4463.70 % 94	Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100.	(Agreed / Assessed) BOLA S/N No. : 15.	If NO or B 28, Ass. Lia : (OID changed lane)
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $250/-
Total:	**S$**	**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:	