15/5/2010

INS. CASE OWNER: Natalie | CC 4/111170 22137 / Kwa352 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 28/11/17 Date / Time: 20/11/17

Registered in Merimen: 21/11/17

Pre-assign / CCU / FTE

Insured Vehicle No.:	SH9564M	Claim No.:	
Name of Insured:	CYPL	Policy No.:	MCOM001
Insured Tel No.:	HP:	Make / Model:	H-140
Excess Sec II :S$	D.O.A: 11-11-17	Place of Accident:	BKE > Checkpoint
Is driver the owner? (YES / NO)		Nature of Accident:	
If NO, Driver Name / Age:	ABDUL HANI BIN ABDUL RAHIM	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.:	(V/L: YES / NO)	Insured Liability: %	Final ? Yes / No

SLJ 8531L → → →

INSRS: WSP: RH Auto Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
28/11 VIVIAN	~~SLJ8531L - CC4/AXA17071899/MA493 ; DOA: 11/11/17~~ ~~- NA/FWD17006802/W4 ; DOA: 8/4/2017~~ ~~SH9564M - CC4/AXA17071899/MA493 ; DOA: 11/11/17~~ ~~- CC4/M16005266/TMA3 ; DOA: 17/3/16~~
28/11/17	Seek liability via merimen
28/11/17	Receive video from TP, Email to TPI to reject claim.
30/11/17	Email from TPI reject claim.
	Email to workshop reject claim. TP exiting from Slip Rd should give way to O2 travel straight.

RECEIVED 30 NOV 2017

Reject Case
By (staff): Vivian
Approved by: Oliver
Date: 30/11/2017

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: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	COPY SENT 31/11/17
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: reject
Legal Cost	S$	3) Survey fee: $250.00
Total:	S$ 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: