15/5/2010

INS. CASE OWNER: GEORGE | CC 3 /AIG1702 2955 / R 4663 | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL DOI: 12/12/17 Date / Time : 4/12/17

Registered in Merimen: 4/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLP 1091D Claim No. : 41602604484

Name of Insured : HO SIEW LIN Policy No. : 1700009786

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

Excess Sec II :S$ D.O.A : 07/12/17 Place of Accident : CP IN FRONT OF 139 TAMPINES ST 11

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

If **NO**, Driver Name / Age : LOW CHEE CHOON OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SBJ 1288D → → →

INSRS: WSP: performance Tel : Liability : RMKS:

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Date/ Time	
6/12/17 VIC	SBJ1288D -X SLP1091D -X - BOTH REPORTED GOT CCTV FOOTAGE.
07/12/17	- REQUESTED TP CCTV FOOTAGE.
12/12/17	- TP CCTV FOOTAGE IN. V DRIVE (VIC) GETS REQUIRED. - BOTH REVIEWED.
14/12/17 @ 12PM	- SPOKE TO OIC. INFORMED ABOUT TP CLAIM & LIABILITY. AGREED TO SETTLE & ALLOCATE NCD ISSUES. SENT LETTER TO OI. - GIVEN 50/50 LIABILITY TO TP.
08/06/18	- MG RECEIVED SUBROGATION CLAIM FROM TP INSURER. TP CONVERTED TO OD CLAIM & TO CLOSE FILE IN OUR END - TO CLOSE & SUBMIT WP REPORT.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	14/12/17 - VIC
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: % 50 (Agreed / Assessed) BOLA S/N No. : NIL

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$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

Total: S$ — **Global Sum S$:**

If NO or B 28, Ass. Lia :
(BOTH REVIEWED TO PARK)
- CALL OI
- SEND LETTER
- INSPECT TP VEHICLE
- TP CONVERTED TO OD
- NO SETTLEMENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP REPORT

3) Survey fee: $320.00

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:	—