15/5/2010

INS. CASE OWNER: CC 6 /III1702 31470, Yh3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 11/12/17

Registered in Merimen: 11/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	SH 7784J	Claim No. :	
Name of Insured :	LTPL	Policy No. :	MLOM0016
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 10/12/17	Place of Accident :	BEDOK RD CROSS SIDE RD TWDS SHOPHOUSES NEAR SHELL PETRO
Is driver the owner? (YES / NO) (NO circled)	Nature of Accident :		

If **NO**, Driver Name / Age : HARUN BIN MOHD SHARIF

Driver Tel No. : (V/L: YES / NO) (YES circled)

OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)

Insured Liability : % **Final ? Yes / No**

GBD 4397J →

INSRS: Flock WSP: Wah Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
11/12/17	GBD 4397J - X
	SH 7784J - LTPL/II/16000??/ ...
yms	
	OI made an illegal right turn and collided with TP. As per ...
22/3/18 @ 2:22	Email to Natalie that we will close case & to be cancel case in Merimen as TP repairer did not arrange survey up to date.
	To cancel file 22/3/18 (signature)

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: Email ☐ Call ☐
Repair Cost:	S$ (days) Reduction: %		
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : Nil		If NO or B 28, Ass. Lia :
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:
Legal Cost	S$		3) Survey fee:
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:	