15/5/2010

INS. CASE OWNER: LAUTHA | CC 4/III1702 3476, F 4639

LKK:
IDAC:

ASSIGNMENT

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

Registered in Merimen: 11/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. :	GY 8317U	Claim No. :	MC/2017/8175
Name of Insured :	76 FURNITURE	Policy No. :	MY9X417
Insured Tel No. :	HP:	Make / Model :	KIA
Excess Sec II :S$	D.O.A : 08/12/17	Place of Accident :	UPP BT TIMAH NEAR HUME PARK 1
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : LIM LHEAN SIEW		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SBB 389U →

INSRS: RC	INSRS:	INSRS:	INSRS:
WSP: AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
7/11/18	SBB 389U – ms/ins 4150?? ?? 01/12/17
	GY 8317U – X
VIL	- FINALISED.
03/01/18	- FILE REVIEWED. OID CHANGE LANE.
	SEEK LIABILITY MANDATE.
	- III AGREED O/G.
17/01/18	- EMAIL LIABILITY CLEAR
	- III RECEIVED TP LAWYER LOD.
	- III REQUESTED SURVEY REPORT.
13/02/18	- TYPE REPORT AS REQUESTED BY III.
	- REPORT DONE.
28/02/18	- FORWARDED TO III SURVEY REPORT
	RECEIVED 13 FEB 2018
11/04/18	- NO FEEDBACK FROM TP. EMAIL TO III TO
	SUBMIT UNP REPORT.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	YUC
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: LS S$ 1,250.00 (3 days) Reduction: 55 % 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)	"TP PASS LAWYER"
Loss of Use (LOU):	S$ – ($ x days)	NO SETTLEMENT
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: UNP REPORT
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: –