15/5/2010

INS. CASE OWNER: ~~Redy~~ ~~Furel~~ Many | CC 9/AXA1702 3795 / p63

LKK:

IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 14/12/17

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBD 7795	Claim No. :	S7M005GB / 21868
Name of Insured :	FELICITY ENGINEERING PLC	Policy No. :	GA7446311
Insured Tel No. :	HP:	Make / Model :	MITSUBISHI
Excess Sec II :S$	D.O.A : 09/12/17	Place of Accident :	GEYLANG LOR 16 ONE WAY TRAFFIC RD
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : CHOO HOCK SENG		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SGG 4564T → ______ → ______ → ______

INSRS: WSP: Cheng Hoe (ARC) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
14/12/17	SGG 4564T – X GBD7795 – X
4:17	* smartclaim
	"Pls come back on liability."
5/1/18 @ 2.49pm	Called OID, Mr Choo. Confirm accident. OID said that TP was driving behind him, OID want to turn left & TP squeezed from his left & resulted the collision. OID is not stationary & moved out. Inform TP claim. He will let insurance to handle & aware NCD issue.
21/3/18 –	50/50.
13/4/19 –	Cancel file – Closing down
18-04-19	CANCEL FILE NO SURVEY DONE.
24/4/19	Fu → Shahrin to Cn

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	21/3/18
After call ltr to OI:	20032018

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	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:	