

15/5/2010

INS. CASE OWNER:

CC 9/AXA1702 3755, 14/1/17

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBD 7795

Claim No.:

STM 005GB | 2868

Name of Insured:

PENULTY ENGINEERING PLC

Policy No.:

GAM445311

Insured Tel No.:

HP:

Make / Model:

MITSUBISHI

Excess Sec II :S\$

D.O.A.:

09/12/17

Place of Accident:

NEWLYN LOR 16 ONE WAY

Is driver the owner?

(YES / NO)

Nature of Accident:

TRAFFIC RD

If NO, Driver Name / Age:

KHO HOA 88

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

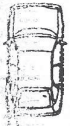
Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SGG 4564T



INSRS:

WSP:

Tel:

Liability:

RMKS:

Unus
Hoe
(APC)

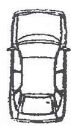
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
14/1/17	SGG 4564T - P	Non-Reporting ltr (1st):	
14/1/17	GBD 7795 - X	Non-Reporting ltr (2nd):	
	* Smartclaim	Non-Reporting ltr (Final):	
	"Pls come back on liability."	Notification ltr (if non-pickup):	
		Call OI:	2/3/17
		After call ltr to OI:	26082017
5/1/17 @ 2.40pm	Called OI, Mr Chow. Confirm accident.	Documentation Check List:	Handler Typist
	OID said that TP was driving behind him.	Notification ltr (if non-pickup)	
	OID want to turn left & TP squeezed	After call ltr to OI:	
	from his left & resulted the collision. OI	Authorisation To Act:	
	is not stationary & moved out. Inform TP	Release Voucher:	
	claim. He will let insurance to handle & advise	Final Repair Bill:	
	NCD issue.	Car Rental Invoice:	
2/3/17	50/50.	Towing Invoice:	
13/4/17	Cancel file - Noisy day	LTA / GIA:	
18-04-17	CANCEL FILE NO SURVEY DONE.	Medical Bill:	
20/4/17	File - Shown to car	PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days) Reduction:	%
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	File
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\$:	
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:	