

INS. CASE OWNER:

Joe1

CC6 / CT117023936 / AKa3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

ADRIAN

DOI:

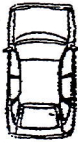
15/12/17

Date / Time:

15/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJN 4835P

Claim No.:

SNM17007017C02/5

Name of Insured:

CHEAM TAT WAI EUGENE

Policy No.:

DMPCCN1619161701

Insured Tel No.:

HP: 8182 4805

Make / Model:

MERCEDES - BENZ A170-1.7 (A)

Excess Sec II :SS

D.O.A: 08/12/19

Place of Accident:

NEWTON CIRCLE

Is driver the owner?

(YES) / NO

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L) (YES) / NO

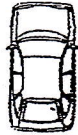
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SKE 2064X



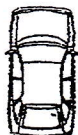
INSRS:

WSP: First Automobiles

Tel:

Liability:

RMKS:



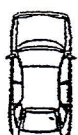
INSRS:

WSP:

Tel:

Liability:

RMKS:



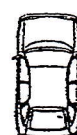
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SKE 2064X - X
 SJN 4835P - CC7/AG11010414/Kab3g2 DAA:28/05/11
 * NO ESTIMATE & PA

STAGE

DATE / PIC

22/12/17 (2am)

Email liability unclear due to sketch plan.

22/12/17 @
 3.26 pm.

Spoke to GIO (Mr Eugene). Confirmed accident details and mentioned that TP was trying to avoid collision with another vehicle from the roundabout. GIO was not able to react in time due to sudden brake by TP. REAR ENDED case. Informed abt TP claim, work of WPD rules and agreed to settle. Send letter to OI.

PENDING FINALIZATION

01-6-18

LIABILITY IS DOWN TO SPEED UP SETTLEMENT UPON FINALIZATION

16/11/18 @ 11:40am

Spoke to TP (GROWING), OWNER pull out vehicle. NO UPDATE / feedback since then. Email to TP w OI to close off case. Submit WP Report

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:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

S\$

%

(Agreed / Assessed) BOLA S/N No.:

27

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\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$350.00