15/3/2010

ENS. CASE OWNER: Joel | CC6 / CTI170 23936 / 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 4825P Claim No. : SNM1707017C02/5

Name of Insured : CHIAM TAT WAI EUGENE Policy No. : DMPCSN1619161701

Insured Tel No. : HP: 8182 4805 Make / Model : MERCEDES-BENZ A170-1.7 (A)

Excess Sec II :S$ D.O.A : 08/12/17 Place of Accident : NEWTON CIRCLE

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SKE 2064X → → →

INSRS: / WSP: First Automobiles / Tel : / Liability : / RMKS:

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INSRS: / WSP: / Tel : / Liability : / RMKS:

Date/ Time	
	SKE 2064X - X SJN 4835P - CC7/AIG110104 14/Kab3q2 DOA: 28/05/11
22/12/17 (2am)	* NO ESTIMATE & PA
	- Email liability under due to sketch plan.
22/12/17 @ 3.26pm.	Spoke to OTP (Mr Eugene). Confirmed accident details and mentioned that TP was trying to avoid collision with another vehicle from the roundabout. OTP was not able to react in time due to sudden brake by TP. REAR ENDED case. Informed abt TP claim, aware of NCD issues and agree to settle. Send letter to OI. - PENDING FINALISATION
01-6-18	LIABILITY IS DOWN TO SPEED UP SETTLEMENT UPON FINALIZATION
16/1/18 @ 11.40AM	SPOKE TO TP. (CROWNIE), OWNER FILL OUT VEHICLE. NO UPDATE/FEEDBACK SINCE THEN. EMAIL TO TP & CC1 TO CLOSE OFF CASE. SUBMIT WP REPORT

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	02/01/2018
After call ltr to OI:	2/1/18

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: % 100 (Agreed / Assessed) BOLA S/N No. : 27

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$:**

If NO or B 28, Ass. Lia : OI sketch plan - problem.

"NO SETTLEMENT" TP WITHDRAWN CASE

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP REPORT

3) Survey fee: $350.00

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:	–