15/5/2010

INS. CASE OWNER: CC 6 /EQI1702 4141 / S HBJ

LKK:

IDAC:

ASSIGNMENT

Surveyor: SEBASTIAN DOI: 12/08/18 Date / Time: 20/12/17

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GBF 7723X

Name of Insured : EDELSTEEL ENGINEERING PLC

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 16/12/17

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : SOH FOE HENG

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. : DMCPMQA-001662

Make / Model : ISUZU

Place of Accident : SCOTTS RD TWDS ORCHARD RD

Nature of Accident :

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

Insured Liability : % **Final ? Yes / No**

SGL3007R → → →

INSRS: WSP: ARC Tel : Liability : RMKS:

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Date/ Time	
21/12/17 VIC	SGL3007R-X GBF7723X-X OID, CHANGED LANE BSIS 100%,
22-12-17 @1228	OI CONFIRMED, AGREED & AWARE NCD ISSUE. LETTER ATTN TO IVY.
26/12/17	- EMAIL LIABILITY CLOSE.
	- OI COOW IN. V PHUB | VIC | GBF 7723X
27/12/17	- EMAIL TO TP W FORWARDED OI COOW FOOTAGE.
	- FINALISED.
16-07-18	BASE ON OID'S CCTV IT SEEMS THAT T/P WAS A RECKLESS DRIVER IN FORCING HIS WAY TO O/D'S PATH TWICE TO REJECT HIS CLAIM
16/07/18	- EMAIL TO EQ FOR RESOLUTION.
11/10/18	- EQ APPROVED TO REJECT TP CLAIM.
	- EMAIL TO TP TO DENY CLAIM.
	- TO CLOSE CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	22/12/17
After call ltr to OI:	SOY - EMAIL ONLY

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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:		

Reject Case
By (staff) : VIC
Approved by : YH
Date : 11/10/18

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L15 S$ 2250.00 (4 days) Reduction: 37% 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 :

"REJECT TP CLAIM"

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: $400.00
Total:	S$ —	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:	—