

15/5/2010

INS. CASE OWNER:

Gerald

CC 4/LPC17024169 1M/haz

LKK:

IDAC:

Surveyor:

MA

DOI:

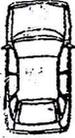
ASSIGNMENT

21/12/17

Date / Time:

22/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJU 3043C

Claim No.:

17/17/18/VPOS/020291

Name of Insured:

TAN WEE PHENG

Policy No.:

Z17VPOS016525

Insured Tel No.:

HP: 9387 2259

Make / Model:

VOLKSWAGEN JETTA

Excess Sec II :SS

D.O.A: 18/12/17

Place of Accident:

PERANGKON GARDEN WAY TWOS
TIO CHU KANG MERANG

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

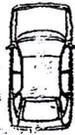
Driver Tel No.:

(V/L YES / NO)

Insured Liability: %

Final ? Yes / No

Skm 5210D



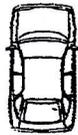
INSRS:

WSP: Poon Siang

Tel:

Liability:

RMKS:



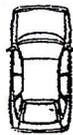
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

Skm 5210D - CS/MSG17007010/Ktblr2 DOA: 07/04/17
SJU 3043C - X

STAGE

DATE / PIC

22/12/17 (v.c)

FINAL REPORT
OI COV QUARD IN V DRIVE VIC SJU 3043C

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:

18/10/18

FILE REVISED. BASED ON OI COV, OI
WAS THERE OF TP @ THE TIME PRIOR TO
COLLISION.

EMAIL TO LPC IF CAN OFFER 50/50
OR RESORT.

TP LOW IN BY EMAIL.

28/10/18

LPC INTERVIEWED THAT THEY WILL RESORT
TP CLAIM. LPC WILL WRITE IN TO TP W
LIKE TO SUBMIT WP REPORT.

NO SETTLEMENT.

Reject Case
By (staff) : VIC
Approved by : VW
Date : 25-01-18

PRELIMINARY ADVICE Date/Time:

08/10/18

Sent By:

93

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

46

S\$ 1750.00

(3

days) Reduction:

19

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

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)

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:

WP REPORT
RESORT TP CLAIM

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

WP REPORT

3) Survey fee:

\$ 450.00