15/5/2010

INS. CASE OWNER: Rasheed | CC 3 / AIG1800 1026 / hf83 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 16/01/18

Registered in Merimen: 17/01/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKK 1133E

Name of Insured : CHUA CHIN GUAN ADRAIN

Insured Tel No. : _____ HP: 9797 1133

Excess Sec II :S$ _____ D.O.A : 14/01/18

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

If **NO**, Driver Name / Age : ,

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

Claim No. : 285111024SG

Policy No. : 1700013610

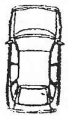
Make / Model : _____

Place of Accident : _____

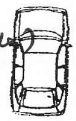
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

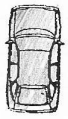
SLR 7986Y → _____ → _____ → _____



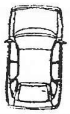
INSRS:
WSP: Performance Car Leasing
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
22/01/18 (Mic)	SLR 7986Y - X ; SKK 1133E - X * OI NR - SEND FIRST LETTER TO OI.
22/1/18 @ 1956hrs:	spoke to OI, mr chua @ 97971133 OI claims already lodge a report last week.
29/1/18 @ 1515hrs:	called OI, MR CHUA ADRIAN @ 97971133 but no respond. will send out letter - SEND LETTER TO OI. - CHECK CLAIMANT UNCLEAR - TP SCENE PHOTOS IN.
05/02/18	
05-02-18	TP CAN PROVIDE PHOTO OF ACCDT SCENE, IT IS EASIER FOR US TO DETERMINATE LIABILITY. (SEE COMMENT ON O/I'S SKETCH PLAN)

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI: 22/1/18 > SH	
After call ltr to OI: 05/02/18-OIC	

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: 22-01-19 Sent By:

TO CANCEL FILE NO SURVEY.

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	"CANCELLED" NO SURVEY
Loss of Use (LOU):	S$ —	($ x days)	
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ —		
Medical:	S$ —		
Disbursement:	S$ —	(e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ —		2) Report Format:
Total:	**S$**	**Global Sum S$:**	3) Survey fee:

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:	—

C1/2)