15/5/2010

INS. CASE OWNER: Natalie | CC 4 / III1800 1030 / ea3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 17-01-18

Registered in Merimen: 16-1-18 by w/sp.

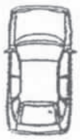
Pre-assign / CCU / FTE

Insured Vehicle No.	: SH8134C			Claim No.	:
Name of Insured	:			Policy No.	:
Insured Tel No.	:	HP:		Make / Model	:
Excess Sec II :S$		D.O.A :	13-01-18	Place of Accident :	
Is driver the owner?	(YES / NO)	Nature of Accident :			

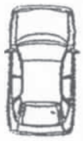
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

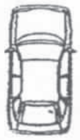
GBE 4872Z ⟶ ______ ⟶ ______ ______ ⟶ ______



INSRS:
WSP: Progressive
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBE 4872Z - CS/AK4 6021736/G6bn2 ; DOA: 9/11/16
	SH8134C - CC3/111800F783/Kus3 ; DOA: 08/01/18
	- CC3/CT1 17007204/Kky93n2 ; DOA: 10/4/17
9/3/18 -	private settlement reach. TO cancel case
	no survey done.
20/4/18	TO CANCEL FILE .

STAGE	DATE / PIC
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:	% (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)		
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:
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:	

...CLAIM SUBFOLDER...(New Assignment)

Non-Reporting

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	16 Jan 2018 10:59 Sendback Est	16 Jan 2018 11:05 **S$7,471.19**	17 Jan 2018 08:38 Assign				**New Assignment** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS

Insured:	**TAI CHIE KAYE, MICHAEL,** ID: S1496711G		
Main Claimant:	**EITA SERVICES PTE LTD,** Co. Reg. No.: 199100274H		
Vehicle Reg. No.:	**GBE4872Z**	Date of Loss:	13/01/2018 14:00 - :59
Claim Type:	**TP**	Policy/Cover Note No.:	
Vehicle Reg. No. (Insured):	**SH8134C**	Policy No. (Claimant):	17-MH001738-R01
		Excess:	
Repairer:	**Progressive Automotive Pte Ltd (HQ)** Blk 3022A Ubi Road 1, #01-45/46, 408716 Ubi - Tel: 67415336		
Handling Insurer:	**India International Insurance Pte Ltd (HQ)** - Tel: 63476100 ... [Handled by **NATALIE LEE** - 63476100 ext 243]		
Claimant's Insurer:	**Tokio Marine Insurance Singapore Ltd (HQ)** - Tel: 6221 6111		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Final Rpt** due 26/01/2018]		

ASSOCIATED MAIL RECEIVED View All | Compose Case Mail

There are no mail for this case.

ALL ASSOCIATED TASKS View All | Search Tasks | Create New Task | Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?

No results.

9.16am @ 17/01/2018
vehicle Not In
person @ jia meng