15/5/2010

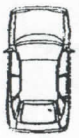
INS. CASE OWNER: CC 4/III1800 1149 / LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen: 18/01/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7667B Claim No. :

Name of Insured : LTPL Policy No. : MCOM0015

Insured Tel No. : HP: Make / Model : HYUNDAI

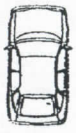
Excess Sec II :S$ D.O.A : 05/01/18 Place of Accident : WOODLANDS CENTRE RD BH THE POINT DROP OFF

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

If **NO**, Driver Name / Age : MOHAMMAD KHAIRUL AZAM BIN MD SHAH OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

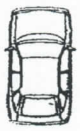
PA3527H → → →



INSRS: UOB B
WSP: Bradden
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
14/1/18	PA3527H-X SH7667B-X
TTM	- pls verify OID's driving licence status.
	- PLS REQUISITION. OID REAR-ENDED TP.
19/01/18	- III AGREED D/S
FTM 4/19	- BUILD LIABILITY CLOSE
8/8/19.	- Cancel. No sug doc
13/8/19	- File) shu Rej to close/cancel.

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:	% 100	(Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (COLD REAR-ENDED TP)
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:	