15/5/2010

INS. CASE OWNER: CC 3 / CTI 800 1196 / KKa3

LKK:
IDAC:

ASSIGNMENT

Surveyor: Konnelfn DOI: 18-01-18 h not in list Date / Time : 18-01-18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YM 5875 U
Name of Insured : Reddot Mega Services
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A : 16-01-18
Is driver the owner? (YES / NO)

Claim No. :
Policy No. :
Make / Model :
Place of Accident : Bideford Rd
Nature of Accident :

If **NO**, Driver Name / Age :
Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % **Final ? Yes / No**

SHC 5072 Z →

INSRS:
WSP: Trans-Cab
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC5072Z - CC3/LCR1702833/Kpa3 ; DOA: 11-11-17 - CC3/III 1500883O/Kqa3n2 ; DOA: 23-05-15 - CS/TP 1501222J/Kqbk3 ; DOA: 18-07-15
	YM5875U - X
20/1/18	checked w Lucas - OINF. to send first letter
	- OI GIA report IN.
28032018 @ 4.27pm.	Spoke to OID (Mr Kuek). Confirmed accident data and OID is unaware of collision with TP. No photos / CCTV footage due to circumstance of accident. Informed abt TP claim, aware of NID issued and agree to settle. Send letter to OI.
04042018.	File pack for Bulk acknowledgement.
	- TP NO EVIDENCE
	- ORIGINAL TP LOD IN
03/09/19	- EMAIL TO OI FOR RESOLUTION.
	- OI AGREED, EMAIL TO TP REDRAFT.

Reject Case
By (staff) : Vic
Approved by : Vic
Date : 05/09/19

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	28032018 CK 2/4/18
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: 19/1 Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: L/G S$ 1,550.00 (2 days) Reduction: 9G % Email ☐ Call ☐

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

Final Liability:	% —	(Agreed / Assessed) BOLA S/N No. : NIL.
Repair Cost:	S$ —	(conflicting version)
Loss of Rental (LOR):	S$ —	(days) x $99.32
Loss of Use (LOU):	S$ —	($ 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$ —	
Disbursement:	S$ —	(e.g. Tow/ Independent)
Legal Cost	S$ —	
Total:	S$ —	**Global Sum S$:**

If NO or B 28, Ass. Lia :
1. OID reported unaware of accident.
2. TP reported side swipe against his vehicle.
REDRAFT TP CLAIM
TP NO EVIDENCE

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: $ 400.00

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:	—