15/5/2010

INS. CASE OWNER: SUNDARLI | CC 4/ III 1800 1276, R, WB / YL | LKK: IDAC:

ASSIGNMENT

Surveyor: RASUL | DOI: 24/01/18 | Date / Time: 19/1/18 | Registered in Merimen: 19/1/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHA 4013L	Claim No. :	MCT 180105
Name of Insured :	LTPL	Policy No. :	MLOM0015
Insured Tel No. :	HP:	Make / Model :	HYUNDAI
Excess Sec II :S$	D.O.A : 18/1/18	Place of Accident :	SLIP RD OF BALESTIER RD TWDS ITE
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : WONG KOK WAI		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHD2180J →

INSRS: prime	INSRS:	INSRS:	INSRS:
WSP: AUTO	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	SHD2180J - X SHA4013L - X	
27/1/18 VIC	- TP CON BY EMAIL. SAVED IN V DRIVE / VIC / SHD 2180J	
	- FINALIZED	
28/01/18	- FILE REVIEWED. SIDE SWIPED. BOTH GOT CON. SEND TP CON TO II - SEEK LIABILITY MANDATE.	
	- FORWARDED TP CON TO II & REQUESTED OI CON BY EMAIL.	
31/01/18	- TP LOD IN BY EMAIL.	
02/02/18	- TYPE REPORT FOR MANDATE	
	- REPORT DONE.	
	- OI CON-IN. V DRIVE / VIC / SHA 4013L	
22/02/18	- II AGREED TO REJECT CLAIM.	
	- EMAIL TO TP TO REJECT CLAIM.	
	- NO FEEDBACK FROM TP.	
	- TO CLOSE.	
	Reject Case By (staff) : VIC Approved by : YL Date : 27-03-18	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	VIC
After call ltr to OI:	VIC

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: T/P	S$ 1,854.73 (2 days)	Reduction: 5 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with ALICE	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ ~~1,984.56~~		"REJECT CASE" NO SETTLEMENT
Loss of Rental (LOR):	S$ ~~317.60~~ (2 days) X $158.80		
Loss of Use (LOU):	S$ — ($ 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: $ 250.00
Total:	**S$** ~~2,302.16~~	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ —	Name 1: PRIME AUTO CLAIMS SERVICE PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	