15/5/2010

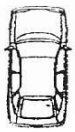
INS. CASE OWNER: FRHYA | CC4/III1800 1941 / hb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 30/1/18

Registered in Merimen: 31/1/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 3645U | Claim No. : MCT 18010447

Name of Insured : CTPL | Policy No. : MIOMW016

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

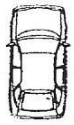
Excess Sec II :S$ _____ D.O.A : 15/01/18 | Place of Accident : SLIP RD FROM PIE TUNS DRIVE RD

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

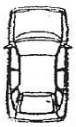
If **NO**. Driver Name / Age : YEO LEEOW HWA | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

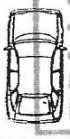
SJV 6689P → _____ → _____ → _____



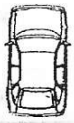
INSRS: WSP: ASM Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
1/2/18	SJV6689P-X SHA3645U-O
VC	
05/02/18	- DUE REQUIRED. CONFLICTING VERSIONS. REQUEST OI COTV TO DI.
	- OI COTV IN. V DRIVE | VIC | SHA 3645U
06/02/18	- EMAIL LIABILITY UNCLEAR
	- DI GOT OI COTV. OI DID NOT CUT LANE. TO DENY TP CLAIM.
	- OI COTV. V DRIVE | VIC | SHA 3645U.
15/02/18	- EMAIL TO TP REJECT CLAIM.
22-02-18	- TO CANCEL CASE. NO SURVEY DONE
VC	

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:	

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. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –		
Loss of Rental (LOR):	S$ –	(days)	CANCEL CASE REQUESTED NO SURVEY DONE
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: –	