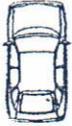|		
INS. CASE OWNER:	SHERINI	CC3 /III1800 7635, *1663

LKK:
IDAC:

Surveyor: Kalum
DOI: 08/2/18

ASSIGNMENT

Date / Time: 8/2/18
Registered in Merimen: 9/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 1992U

Name of Insured : CTPL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 07/0Y/18

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : ANG MAN SENG

Driver Tel No. : (V/L: YES / NO)

Claim No. : MCT18020246
Policy No. : MCONVOLS
Make / Model : TOYOTA
Place of Accident : AIRPORT TZ TAXI QUEUE
Nature of Accident :

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

SHB 8619H →

| | INSRS: WSP: premier Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: |

Date / Time			STAGE	DATE / PIC
17/2/18	SHB 8619H-4	SHC 1992U-4	Non-Reporting ltr (1st):	
	VIC		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
15/02/18	- FILE REVIEWED. OID REPORTED TP CHANGED LANE.		Call OI:	VIC
	- REQUEST OI CCTV TO ASSESS LIABILITY.		After call ltr to OI:	
			Documentation Check List: Handler Typist	
			Notification ltr (if non-pickup)	
21/02/18	- IN PROVIDED OI CCTV & REJECTED TP CLAIM.		After call ltr to OI:	
			Authorisation To Act:	
06/03/18	- a CCTV IN. V DRIVE/ VIC/ SHC 1992U.		Release Voucher:	
	- EMAIL TO TP REJECT CLAIM.		Final Repair Bill:	
	- TO CLOSE		Car Rental Invoice:	
			Towing Invoice:	
			LTA / GIA :	
	Reject Case		Medical Bill:	
	By (staff) : VIN		PIR:	
	Approved by : V		Mandate/Reject Instruction:	✓
	Date : 06-03-18		LOD	
			Payment Breakdown Form:	
			Post-Repair Photos:	
			Others:	

PRELIMINARY ADVICE Date/Time: Sent By:

Confirm by:

FINALIZATION	Date/Time:	Confirm with:		Email [ ] Call [ ]
Repair Cost: LB	S$ 2,400.00 (3 days) Reduction: 82 %			Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time:	Confirm with	If NO or B 28, Ass. Lia :
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	S$ —		"REJECT TP CLAIM"
Loss of Rental (LOR):	S$ — (days)		TP MOVING OFF
Loss of Use (LOU):	S$ — ($ x days)		FROM SIDE
Loss of Income (LOI):	S$ — ($ x days)		
LOR only [ ] LOU only [ ] LOR + LOU [ ] LOR + LOI [ ] **[Tick only one]**			
GIA/LTA Search	S$ —		1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —		2) Report Format:
Disbursement:	S$ —	(e.g. Tow/ Independent)	3) Survey fee: $ 250.00
Legal Cost:	S$ —		
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: —	