15/5/2019

INS. CASE OWNER: Stacey | CC 4 / ASM1800 3043 / ea3 | IDAC: 31019

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: 14/2/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJL 6572U | Claim No. : SSM0090R

Name of Insured : _____ | Policy No. : _____

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

Excess Sec II :S$ _____ D.O.A : 14/2/18 | Place of Accident : _____

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

If NO, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC6255G → _____ → _____ → _____

INSRS:
WSP: Previous
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC6255G. X; SJL 6572U. X
	- Overlooked assignment.
14/4	Spoke to Stacey. No Survey done. Case cancel in SMART.
14/4	received assignment. 4.51pm register ref on VIEWS. 5.30pm.
	* Should be arrange survey on 15/2/2018 (CNY eve) - on leave on 15/2/18 - forget to arrange for survey.
21/4/18	File review, found that missed out survey.
21/4/18 @	9.45am - called hany. He informed that engaged independent surveyor.
14/5/19 @	11.10am - managed to talk to Stacey. She said didn't received any update from TP repairer. Case cancel in SMART.

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:
21/05/19	TO CANCEL FILE, NO SURVEY DONE.	

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. :	If NO or B 28, Ass. Lia :
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:	

21/5 To cancel case. No survey done