15/5/2010

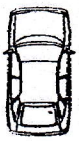
INS. CASE OWNER: Ernest | CC4 ASM /AXA1800 3742, KHB3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 14/03/18 Date / Time : 30/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLW 1607E

Name of Insured : WONG MING WAH

Insured Tel No. : HP: 98[illegible]

Excess Sec II :S$ D.O.A : 17/07/18

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

If NO, Driver Name / Age :

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

Claim No. : S8M00970 / 31307

Policy No. : LN8724464

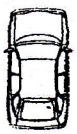
Make / Model : TOYOTA

Place of Accident : PIE CHANGI

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

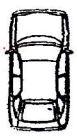
Insured Liability : % **Final ? Yes / No**

SJJ 1308K → [illegible] → [illegible] → [illegible]



INSRS: motor image.
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
16/7/18 NIC	SJJ1308K - X SLW1607E - X # Smart claim
5/3/18	call OI confirm accident details. OI involved in 3 veh CL. OI 2nd. OI aware NCD with held. letter sent to OI.
06/08/18	- EMAIL LIABILITY CLOSER
21/8/18	- TP PIKS UNDISPT. - SUBMIT WP REPORT - NO SETTLEMENT

URGENT

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	05/08/18-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: P/P S$ 3,885.36 (5 days) Reduction: 13 % Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28 -	If NO or B 28, Ass. Lia : 0% (3 VEH C.L OI 2nd)
Repair Cost:	S$ -	
Loss of Rental (LOR):	S$ - (days)	
Loss of Use (LOU):	S$ - ($ x days)	TP PIKS UNDISPT NO SETTLEMENT
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: WP REPORT
Legal Cost	S$ -	3) Survey fee: $250.00
Total:	**S$** - **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:	-