15/5/2010

INS. CASE OWNER: | CC 3 CTH 800 3981, Swa3 | LAP / DAC:

ASSIGNMENT

Surveyor: YWK DOI: 28/2/18 Date / Time : 28/2/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC8640R Claim No. : SWM18001135C02/0/CLAPS

Name of Insured : K'S Performance Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 28/2/18 Place of Accident : Yishun Central.

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**

SMB3101H → → →

INSRS: WSP: SMP T.WR Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMB3101H - X ; SJC8640R - X
1/3/18	9MR. to send out first letter.
	Fax Traffic police letter.
	- TP LOD IN (WRONG CASE / AXA CASE)
05/09/19	- NO OI GIA REPORT IN YET.
04/10/19	- OI REPUDIATED CLAIM.
	- OI NON-REPORTING.
	- EMAIL TO TP TO INFORM THE SAME
	- TO CLOSE & SUBMIT WP REPORT

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: SCENE PHOTOS	☐	☐

PRELIMINARY ADVICE Date/Time: 1/3/18 Sent By: Yw

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LS S$ 1,650.00 (1 days) Reduction: 25 % 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)	NO SETTLEMENT
Loss of Use (LOU):	S$ — ($ x days)	REPUDIATED
Loss of Income (LOI):	S$ — ($ x days)	OI NON-REPORTING
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: $350.00
Total:	S$ — **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:	—