CC 6 /AIG1800 3990 , wbb   LKK:
                                  IDAC:

1/5/2010
INS. CASE OWNER:

ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time: 1/31/18
                                                Registered in Merimen: 1/2/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLS 9415J   Claim No. : 582234722196569
Name of Insured : VEE WAH POH   Policy No. : 170007955ʒ
Insured Tel No. : HP: 96748973   Make / Model : MERCEDES
Excess Sec II :S$ Place of Accident : 750A HHM LHFE RD UP
                        D.O.A : 13/7/18
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

SGK 18289

INSRS: WLE Bradden   INSRS: INSRS: INSRS:
WSP: WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time			STAGE	DATE / PIC
6/2/18 vivin	SGK(8289 &	915-9425J-4	Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
	Confirm accident details. Inform TP claim. agree to settle of best aware NCD will be affected. Letter send out		Call OI:	5/3/18 093208
			After call ltr to OI:	vivian
			Documentation Check List: Handler Typist	
			Notification ltr (if non-pickup)	
			After call ltr to OI:	
3/6/19.	TO cancel FILE. NO survey Don		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:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:	
			Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S$ (days) Reduction: %		Email [ ] Call [ ]	

FINAL SETTLEMENT	Date/Time:	Confirm with	Email [ ] Call [ ]	
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL.		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:		