15/5/2018

INS. CASE OWNER: Rashidah | CC 4 / AIG180 04319 / K JS 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 06/03/18

Registered in Merimen: 06/05/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLM 9261T Claim No. : 1383609668 SG

Name of Insured : HO WEI HENG CHE WEIHENG Policy No. : 2100509401

Insured Tel No. : _____ HP: 96267472 Make / Model : _____

Excess Sec II :S$ _____ D.O.A : 28/12/17 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**

SKW 9155R → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Chng Hoe	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Cheng Hoe	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SKW 9155R - X ; SLM 9261T - X
03/03/18 (Joy)	* OI NR - SEND FIRST LETTER TO OI.
25-4-18	OI GIA UPLOADED
25-4-18	@ 3:15 SPOKEN TO OID. OI IS HER HUSBAND. UNDERSTAND THAT WE WILL HAVE TO SETTLE IN CASE TP CAN PROVE COLLISION. AWARE NCD ISSUE.
24-1-19	REMINDER TO TP FOR VIDEO
9/12/19 Kuanchua	NO SURVEY. TO CLOSE. - File pass to Mei, learn to clerk

STAGE	DATE / PIC
Non-Reporting ltr (1st):	NA
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	OI 25-4-18

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:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	TP PARKED & HIT
Loss of Use (LOU):	S$	($ x days)	BY REVERSING VEH
Loss of Income (LOI):	S$	($ x days)	*No survey done
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Norm/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:	