15/5/2018

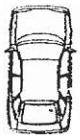
INS. CASE-OWNER: CC 3 /EQI1800 5982 , 9 #6382 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 24/3/18 Date / Time : 24/3/18

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : GBG 8707G Claim No. : DMV18H0008/3/JT

Name of Insured : ENG TAT LEE FURNITURE CONTRACTOR. Policy No. : DMCPHR17-006890.

Insured Tel No. : HP: Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 27/3/18 Place of Accident : CTE

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

If **NO**, Driver Name / Age : NEON FOF TAT OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 81129597 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBG 8707G → SHB 9730L → SJT 1940 →

INSRS:	INSRS: Trans Chb.	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: 01	RMKS: TP	RMKS:	RMKS:

Date/ Time	
6/4/18 WT	SHB 9730L-X GBG 8707L-X
2/8/18	— spoken to Janet, she received B1 claim & get B1 investigator to check D/L. No issue. So just proceed DS.
14/8/18	— 3veh cc. OID last.
27/9/18	RTM ✓.
1/10/18	— FTE pass to type mandate
9/9	— Repudiate of liability due to OI breach of Policy & contract. Email to TP. Submit WP report. CFTE pass Admin to close.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CH 10/8/18.
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: 2/4/18 Sent By: Tan

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28 (3cc OI last)	If NO or B 28; Ass. Lia.: 100%
Repair Cost:	S$	COPY SENT 17/9/18
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: WP
Legal Cost	S$	3) Survey fee: $300/-
Total:	**S$** **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: