15/5/2010

INS. CASE OWNER: CC 4/1111800 6709, EL 663

LKK:
IDAC:

ASSIGNMENT

Surveyor: Calvin DOI: 4/4/18 Date / Time : 4/4/18

Registered in Merimen: 5/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 36635 Claim No. :

Name of Insured : CTPL Policy No. : MLOM0015

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

Excess Sec II :S$ D.O.A : 26/7/18 Place of Accident : DELIMED RD BY THE JUNC of EMERALD HILL RD

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

If **NO**. Driver Name / Age : MR EE LHEONG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SBS 6446TG →

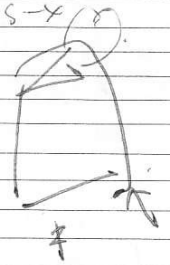
INSRS: 60 - Ahead
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
7/5/18 Mmkew	SBS 6446TG-X SHA 36635-X
10.5.18	SEEK MANDATE FOR LIABILITY.
21.5.18	MANDATE APPROVE LIABILITY.
	EMAIL WSP LIABILITY CLEAR.
	OK to 11/6/18
	TP WITHDRAW CLAIM: SURVEYOR TOOK WRONG SIDE OF TP VEH AND THE DAMAGES.
	CASE TO BEEE BE CANCEL.



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:	☐	☐

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:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	OID TURN RH FROM THE 2ND LANE	
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:	