15/5/2010

INS. CASE OWNER: CC 4/III1800 7169, mbb

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 17/4/18

Registered in Merimen: 18/4/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8854P

Name of Insured : GPU

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 16/4/18

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

If **NO**, Driver Name / Age : H O COON HIAT DOUGLAS

Driver Tel No. : (V/L: (YES) / NO)

Claim No. : _____

Policy No. : MOMOOKS

Make / Model : HYUNDAI

Place of Accident : TELOK AYER ST

OI GIA REPORT (YES) / NO ; TP GIA REPORT (YES) / NO

Insured Liability : % **Final ? Yes / No**

SFG 3498F → _____ → _____ → _____

INSRS:
WSP: Long Cheng
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
20/4/18 Bevan	SFG3498F – x SHC 8854P – 44/[illegible]/[illegible] DOA. 2/11/[illegible]
	No survey done To close file. To cancel file

Reject Case
By (staff) : Bevan
Approved by : [illegible]
Date : 30-04-18

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:	% (Agreed / Assessed)	BOLA S/N No. :	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:	