

INS. CASE OWNER:

CC 6 / CT 1800 7629 / Uha3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

MARCUS

DOI:

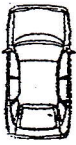
21/4/18

Date / Time:

21/4/2018

Registered in Merimer:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SCA 1218 S

Name of Insured:

Mr Tan Seng Kee (Chan Xingji)

Insured Tel No.:

HP:

968 21281

Excess Sec II :SS

D.O.A.:

24/4/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Shm1800213102

Policy No.:

Dmpcsm304205,700

Make / Model:

Jaguar XF

Place of Accident:

CECIL CT.

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

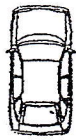
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SLD 7643K



INSRS:

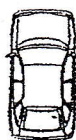
WSP:

Tel:

Liability:

RMKS:

Fastech



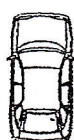
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
21/4	SLD 7643K - NA/UT 1800 5848/24 : DOR: 21/4/18	Non-Reporting ltr (1st):	
21/4	SCA 1218 S } NA/CT 1800 7605/13 : DOR: 24/4/18	Non-Reporting ltr (2nd):	
	- C61/ALH 4022533 (684397 : DOR: 21/4/18	Non-Reporting ltr (Final):	
8/5/2018	Call OI at 9682 1281, no body pick-up; tomorrow will call again	Notification ltr (if non-pickup):	
	OI video uploaded / V Drive / UIC / SCA 1218 S	Call OI: 11/5/2018	
		After call ltr to OI:	
4/5/2018	Call again, still no body pick-up. 15pm	Documentation Check List: Handler Typist	
10/5/2018	Call again 2 55pm, still no body pick-up, tomorrow will call again	Notification ltr (if non-pickup)	
11/5/2018	11am call again, still no body pick-up	After call ltr to OI:	
11/5/2018	11.20am OI call back, informed OI TP claim. Video show TP at fault. OI will check the progress of his TP claim. Will OI again on Monday.	Authorisation To Act:	
15/5/2018	Spoke to OI, no update from OI repair workshop. given us the details of his repair workshop. 5 Mart (Angie)	Release Voucher:	
12/6/2018	Spoke to Angie J-Mark, they are pending finalise with TP surveyor	Final Repair Bill:	
	- FINISHED	Car Rental Invoice:	
	- ORIGINAL TP LOD IN.	Towing Invoice	
10/07/18	- E-mail to OI for restoration.	LTA / GIA :	
	- OI REPLY TO RESTOR CLAIM.	Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD VIC	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	
PRELIMINARY ADVICE Date/Time: Sent By:		By (staff) Approved by: Date: 18-07-18	
- E-mail to TP TO RESTOR CLAIM.			
FINALIZATION Date/Time: Confirm with:		Confirm by:	
Repair Cost: US	S\$ 3,600.00 (4 days) Reduction: 63 %	Email	Call
FINAL SETTLEMENT Date/Time: Confirm with:		Email	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$	CONFIRMING VERIFICATION	
Loss of Rental (LOR):	S\$ (days)	NO SETTLEMENT	
Loss of Use (LOU):	S\$ (\$ x days)	RESTOR CLAIM	
Loss of Income (LOI):	S\$ (\$ x days)		
LOR only	LOU only	LOR + LOU	
GIA/LTA Search	S\$	1) Claim status: Normal/Reject/Private Settle	
Medical:	S\$	2) Report Format:	
Disbursement:	S\$ (e.g. Tow/ Independent)	3) Survey fee: \$ 400.00	
Legal Cost	S\$		
Total:	S\$ Global Sum S\$:		
FINAL PAYMENT Date/Time: Confirm with:		Email	
Payee 1:	S\$ Name 1:		
Payee 2: (Strike if N.A.)	S\$ Name 2:		
Payee 3: (Strike if N.A.)	S\$ Name 3:		