15/5/2010

INS. CASE OWNER: lattha | CC6 /III1800 9175 / Aeb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 14/6/18 Date / Time : 14/6/18

Registered in Merimen: 21/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : GY 1339C Claim No. : MCV18/0678

Name of Insured : BOON SOON LEE REFRIGERATION & AIR CONDITIONING SER. Policy No. : MG9577V

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

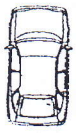
Excess Sec II :S$ D.O.A : 8/6/18 Place of Accident : upp SEMBAWANG RD

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

If **NO**. Driver Name / Age : SELVARAJ EARTHICK OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

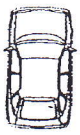
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

YN 4416E → → →

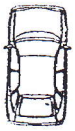


INSRS:
WSP:
Tel :
Liability :
RMKS.

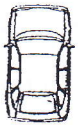
Speed mntv



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
23/6/18 MHtV	YN 4416E - Y GY 1339C - Y
25.5.18	SEEK MANDATE FOR LIABILITY.
	MANDATE APPROVE TO REJECT TP CLAIM.

RECEIVED 09 JUL 2018

Reject Case
By (staff) :
Approved by :
Date : 13-07-18

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: % 0 (Agreed / Assessed) BOLA S/N No. : 15 If NO or B 28, Ass. Lia :

TP CHANGE LANE HIT OID.

COPY SENT 9/7/18

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$

Disbursement: S$ (e.g. Tow/ Independent)

Legal Cost S$

ENTERED 12 JUL 2018

1) Claim status: Normal/Reject/Private Settle:

2) Report Format: TP

3) Survey fee: $450.

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:	