15/5/2010

INS. CASE OWNER: GHOTUNI | CC4 / III1800 9416 , Gha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ   DOI: 23/5/18   Date / Time: 22/5/18

Registered in Merimen: 23/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHC3362A	Claim No. :	MCT18050498
Name of Insured :	C.Tpr	Policy No. :	MCOM001
Insured Tel No. :	HP:	Make / Model :	H.Sonata
Excess Sec II :S$	D.O.A : 18/5/18	Place of Accident :	Orchard Link > Bideford Rd
Is driver the owner? (YES / NO) — NO circled		Nature of Accident :	
If **NO**, Driver Name / Age :	Poon Ngo Lai Francis	OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No. :	96153070 (V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

SGY8883B → ______ → ______ → ______

INSRS: WSP: UMF Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
6/6	SGY8883B } CC3/LTI1800 9317/Kha3; DOA: 18/5/18
	SHC3362A
07/06/18	- FILE REVIEWED. CONFLICTING VERSION. EMAIL LIABILITY UNCLEAR & REQUEST OI VIDEO FOOTAGE.
	- OI VIDEO IN MERIMEN. COPY SAVED IN V DRIVE / VIC / SHC 3362A.
	- BASED ON FOOTAGE. RED LIGHT ON. OD STILL SQUEEZED IN.
27/06/18	- REJECT LIABILITY UNFAVORABLE TO III.
	- III INSTRUCTED TO REJECT CLAIM.
05/07/18	- EMAIL TO TP TO REJECT CLAIM.
	- SUBMIT WP REPORT & CLOSE CASE.
	- NO SETTLEMENT

Reject Case — By (staff): YK — Approved by: [signature] — Date: 05-07-18

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:	% (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	"NO SETTLEMENT"
Loss of Rental (LOR):	S$ — (days)	REJECT
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 (Reject circled)
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $250.00
Total:	**S$** **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: —