15/5/2010

INS. CASE OWNER: KC | CC4 ASM 1800 9440 / ha3 | LKK: IDAC: 47179

ASSIGNMENT

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

Pre-assign / CCU / FTE Registered in Merimen: —

Insured Vehicle No. : SGS 1309X
Name of Insured : Ong Bee Yong
Insured Tel No. : HP:
Excess Sec II :S$ D.O.A.: 13/05/18
Is driver the owner? (YES / NO) Nature of Accident:
If NO, Driver Name / Age: TAN THAN KIAP
Driver Tel No.: 96411335 (V/L: YES / NO)

Claim No. : S8M004141
Policy No. : GA019410
Make / Model : T. Wish -18(A)
Place of Accident : Sg. Immigration (Tuas)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability: % Final ? Yes / No

SLS 9592G →

INSRS:
WSP: Kah Motor Alexandra
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	
	SLS 9592G - X ; SGS 1309X - X
27/11	
UL 14/6	To reject TP claim - KC.
	- TP WITHDRAW CLAIM
	- NO SURVEY DONE
	- CANCELLED CASE
03-04-19	TO CANCEL FILE NO SURVEY DONE.

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.:
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$ —	
Legal Cost	S$ —	(e.g. Tow/ Independent)
Total:	S$ —	Global Sum S$:

If NO or B 28, Ass. Lia:

CANCELLED CASE

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee:

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:	—