15/5/2010

CLAIMS NUMBER: Sundari | SE CC4/111180 11495, Neazar | LKK: IDAC:

Surveyor: Naz

ASSIGNMENT

DOI: 26/6/18 Date / Time: 25/6/18

Registered in Merimen: 5/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3793 J

Name of Insured : CTPL

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 18/6/18

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : Ng Kian Kah

Driver Tel No. : 98336984 (V/L: YES / NO)

Claim No. : MCT1806054

Policy No. : MOM0015

Make / Model : T. PRIUS

Place of Accident : Tuang West st 61

Nature of Accident :

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

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

FBK 528 M

INSRS:
WSP: Sincere Lead
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
10/7 Arthur	FBK 528M - MI/INC1807780041 Kisbn2, DOA: 26/4/18 SHD 3793J - MI/INC1806111225 Kisbn2, DOA: 8/6/18 - CC4/INC1700237491 Nfa3, DOA: 6/7/17
5/7	Pending surveyor's assignment sheet.
12.7.18	SEEK MANDATE TO REQUEST FOR OID VIDEO.
	RECD OID VIDEO SHOW TP OVERTAKE FROM THE RIGHT WHILE OID MAKE A UTURN, & TP TRAVEL ALONG CHEVRON.
8.8.18	SEEK APPROVAL TO REJECT TP CLAIM.
	MANDATE APPROVE TO REJECT TP CLAIM.
	EMAIL WSP TO REJECT TP CLAIM.

Reject Case
By (staff) : Shen
Approved by : Jun
Date : 30-08-18

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. : NIL

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$

Total: S$ **Global Sum S$:**

If NO or B 28, Ass. Lia : TP TRAVEL ON THE CHEVRON TO OVERTAKE OID WHILE OID MAKES A UTURN.

COPY SENT 31/8/18

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

2) Report Format: TP

3) Survey fee: 120.00

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:	