15/5/2010

Sundari | S3 CC4 / 111180 11495 , N ea3g | LKK: IDAC:

ASSIGNMENT

Surveyor: Naz DOI: 26/6/18. Date / Time: 25/6/18

Registered in Merimen: 8/7/18

Pre-assign / CCU / FTE

Insured Vehicle No.:	SHD 3793 J	Claim No.:	MCT18060544
Name of Insured:	CTPL	Policy No.:	MCOMO015
Insured Tel No.:	HP:	Make / Model:	T. PRIUS
Excess Sec II :S$	D.O.A: 18/6/18	Place of Accident:	Tuong West st 61
Is driver the owner?	(YES / NO)	Nature of Accident:	
If NO, Driver Name / Age:	Ng Kian Kah	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No.:	98336984 (V/L: YES / NO)	Insured Liability: %	**Final ? Yes / No**

FBK528M → → →

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

Date/ Time		
10/7 Asher	FBK528M - MS/MC180078091/ K15bn?; DOA: 26/4/18 - MS/MC180111?5/ K15be?; DOA: 18/6/18 SHD 3793 J - CC4/111700 23??1/ Dfa3; DOA: 6/7/1?	
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): She Approved by: Yu 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	If NO or B 28, Ass. Lia:
Repair Cost:	S$	TP TRAVEL ON THE CHEVRON	TO OVERTAKE OID WHILE OID MAKE A UTURN.
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	COPY SENT
Loss of Income (LOI):	S$	($ x days)	31/8/18
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle /WP/P
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: +80.
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:	