15/5/2010

INS. CASE OWNER: CC3 / CTI 180 12581, Vxia3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Suthya DOI: 9/7/2018 Date / Time: 9/7/2018

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	PC 7005K	Claim No. :	SNM18003434C02
Name of Insured :	Nam Ho DMC P/L	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 7/7/2018	Place of Accident :	orchard Hotel lobby.
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :

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

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

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

SHB 5518K → ____ → ____ → ____

INSRS: WSP: SMPT, un Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/7 1/11	SHB5518K. u3/MS617003659/Klubm2 ; DOA: 17/7/17 -NS11NG18000299/Svbe2 ; DOA: 7/11/18 PC7005K. x
	19/7/18 OINR. cut out 1st letter.
	- FINALISED.
	- ORIGINAL TP LOD IN.
28/11/18	- TP INFORMED OI SETTLED & PAID DIRECTLY TO THEM AS PER LOD.
	- EMAIL TO OI TO SUBMIT WP REPORT.
	- TO CLOSE. NO SETTLEMENT.

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: 11/7 Sent By: [signature]

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 440.00 (2 days) Reduction: 53 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ – (days)	NO SETTLEMENT
Loss of Use (LOU):	S$ – ($ x days)	OI SETTLED DIRECTLY
Loss of Income (LOI):	S$ – ($ x days)	WITH TP
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ –	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ –	3) Survey fee: $300.00
Total:	**S$** – **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:	–