15/5/2010

INS. CASE OWNER: Cynthia | CC 4/~~AXA~~1801 ASM 3072 / T2 ~~A63~~ S2 | LKK: IDAC:

ASSIGNMENT

Surveyor: Tautikh. DOI: 18/7/2018 Date / Time : 9 18/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : WC 4544H | Claim No. : S8M000V8 / 58284

Name of Insured : MSS ENVIKO P/L | Policy No. :

Insured Tel No. : HP: | Make / Model :

Excess Sec II :S$ $2000.00 D.O.A : 16/7/18 | Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

S 1801 CD → → →

INSRS: WSP: Tel : Liability : RMKS: TC Autoclinic

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
10/8/18	S1801CD – L WC 4544H – 4
pokin.	
	@ smart claim.
	– DIWR SENT OUT 1ST LETTER.
	Video uploaded in SMART claim
	get D/L and check validity
14/8/2018 –	spoke Connie, confirmed accident details. (Bola 15), informed TP claim and HCD issue. she agree to settle and aware the HCD issue. Send letter to OI via email. I/A with Mandate uploaded – mandate approved
24-08-18	O/I ADMITTED HE CHANGED LANE FROM CENTRAL TO 2ND LEFT LANE, ITS FRONT LEFT WHEEL COLLIDED WITH T/P R/FRONT PORTION WE ARE AT FAULT O/D IS INEXPERIECED DRIVER, T/P IS PAID DRIVER

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	14/8/2018
After call ltr to OI:	14/8/2018

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: 15/8/2018 Sent By: CPK

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: Confirm with Email [ ] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia : O/D changing lane
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	COPY SENT 4/9/19
Loss of Use (LOU):	S$ (S x days)	
Loss of Income (LOI):	S$ (S x days)	
LOR only [ ] LOU only [ ]	LOR + LOU [ ] LOR + LO [ ] **[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: WR
Legal Cost	S$	3) Survey fee: $250/-
Total:	**S$** **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: