15/5/2010

INS. CASE OWNER: LOH CHEE HOCK | CC 4 / AG 180 15008 / has | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: 16/8/2018

Registered in Merimen: 17/8/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLD 2153R | Claim No. : B917Z421356G

Name of Insured : POH WEE LUCK, AGNES | Policy No. : 700469635

Insured Tel No. : _____ HP: _____ | Make / Model : M-BENZ A180

Excess Sec II :S$ _____ D.O.A : 14/8/2018 | Place of Accident : AYE 7 CTE

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

If NO, Driver Name / Age : CHNG WEN HAO, TOPICH | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 98324942 (V/L: YES / NO) | Insured Liability : % | Final ? Yes / No

SLZ 6336Z → SJV 904H → SLD 2153R → SJK 7862G

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: Chey Hoe
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: OI	RMKS: TP

Date/ Time	
21/8	SJK 7862G - CC/AG 15014734/AYA 3Q2 ; DOA 27/8/18
ML	SLD 2153R - X
	- INTERNET DOWN
08/10/18 @ 9:22AM	- SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS & WAS INVOLVED IN A 4 VEH. C.C. & WAS THE 2ND CAR. INFORMED TP CLAIM & WCA, ADVISED TO CLOSE & AWAIT NCD ISSUES.
09/10/18	- SENT LETTER & EMAIL TO OI.
	- EMAIL LIABILITY CLOSE
26-04-19	TO CANCEL FILE NO SURVEY DONE.
	- SPOKE TO JUNE, OWNER DID NOT KNOW COE. NO REPAIR DONE, SHE CLOSED CASE ON HER END.
	- EMAIL TO AG TO CANCEL CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	08/10/18 - VIC
After call ltr to OI:	09/10/18 - VIC

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:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ —		CA VEH. C.C., OI'S 2ND CAR)
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	($ x days)	CANCELLED CASE NO SURVEY
Loss of Income (LOI):	S$ —	($ x days)	
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:
Legal Cost	S$ —		3) Survey fee:
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:	—