15/5/2020

INS. CASE OWNER: HANG | CC 4 / LCR 180 16058 / 4 h pa 3 | LKK: IDAC:

ASSIGNMENT

Surveyor: C/S | DOI: 6/9/18 | Date / Time: 3/9/18 | Registered in Merimen: 3/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 200K | Claim No. :

Name of Insured : LOW P/L | Policy No. : 9999995

Insured Tel No. : HP: | Make / Model : 7. PRIUS HYBRID.

Excess Sec II :S$ | D.O.A : 8/8/2018 | Place of Accident : Crawford St.

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

If NO, Driver Name / Age : DOI Hon Cheong | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

FBG8381L →

INSRS: WSP: Looi's motor Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
11/9 OAM	FBG8381L - X; SLK 200K - X
13/9/18 @ 7.49pm	called TP Wksp, spoke to CK. NO PIR yet.
13/9/18	- OIP report : He was on the left most lane of 3 lane road, when he approached a bend, suddenly he felt an impact
4/6/19	- File → Marcus to finalise
21/02/2020	- TP NO REPAIR DONE. - EMAIL TO HG TO SUBMIT WP REPORT. - TO CLOSE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	Clh 13/9/18.
After call ltr to OI:	(By email).

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:	EMAIL ✓	
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:		

ELIMINARY ADVICE Date/Time: Sent By:

NALIZATION Date/Time: Confirm with: Confirm by:

pair Cost: T/P S$ 840.00 (2 days) Reduction: 30 % Email ☐ Call ☐

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

ial Liability: % 50 (Agreed / Assessed) BOLA S/N No. :

pair Cost: S$ —

oss of Rental (LOR): S$ — (days)

oss of Use (LOU): S$ — ($ x days)

oss 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 UNCONTACTABLE
NO REPAIR DONE
NO SETTLEMENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP REPORT

3) Survey fee: $320.00

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:	—