(Suwanna - 5/9)

15/5/2010

INS. CASE OWNER: SALIHA | CC 3/AIG1801 6475, N 6163 | LKK: IDAC:

ASSIGNMENT

Surveyor: NAZ

DOI: 7/9/18

Date / Time : 7/9/18

Registered in Merimen: 10/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SLC 6260M

Claim No. : 7544575687SG

Name of Insured : MARY UNA BEAUTY & SLIMMING SPECIALIST P/L

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S$

D.O.A : 6/9/18

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

SHD 6119G → → →

INSRS: WSP: Tel : SMKT Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
13/9/18	SHD 6119G – X SLC6260M – 4B/AIG1801/6747/Upto 07/09/18
TTH	– WP OI GIA, SENT OUT 1ST LETTER.
30/08/19	– NO OI GIA REPORT IN YET.
12/09/19	– SALIHA CALLED IN. SHE SAID THAT SHE ALREADY REPUDIATED CLAIM. EMAIL SENT TO TT ON OOT. SHE SAID TO CLOSE OFF CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	13/08/18 / 05/09/2019
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: TP S$ 11,396.19 (9 days) Reduction: 58 % 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)	WP REPORT
Loss of Use (LOU):	S$ –	(S$ x days)	REPUDIATED
Loss of Income (LOI):	S$ –	(S$ x days)	NO SETTLEMENT
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**			OI TO PAY DIRECTLY TO TP
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: $320.00
Total:	**S$** –	**Global Sum S$:**	4) AR Fee → $ 2.54

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:	–