15/5/2010

INS. CASE OWNER: | CC 7/EQ/1801 6703, U663 | LKK: | IDAC:

ASSIGNMENT

Surveyor: marcus | DOI: 14/9/18 | Date / Time : 07/9/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	GT 7458D	Claim No. :	DM187101VNB/OT
Name of Insured :	DAILINE HAIR SALON	Policy No. :	DMCFHU17-106196.
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 11/9/18	Place of Accident :	5077 AMK IND PARK 2.

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

If NO, Driver Name / Age : TAN TEN SON. | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SKC 1225R → → →

INSRS: VIC WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
7/9/18 VIC	SKC1225R GT7458D } MM/EQ/1801/6603/24 DM 11/9/18
	" TP reversing into lot. OI not at fault."
	- TP VIDEO FOOTAGE IN. V DRIVE/VIC/SKC1225R
	- EQ MAINTAIN RESERVATION.
06/12/18	- SEND EMAIL TO TP TO MAINTAIN RESERVATION.
	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : [signature]
Date : 06-12-18

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: 20/09/18 Sent By: GB

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % 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)		
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: $100.00
Total:	**S$** —	**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:	—