15/5/2010

INS. CASE OWNER: | CC 4 /FWD1801 6979 / 663 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 17/9/18

Registered in Merimen: 18/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	FBJ4673E	Claim No. :	1201800011638
Name of Insured :	DENNIS CHEW WAI HOE	Policy No. :	PMMC20180000156.
Insured Tel No. :	HP: 91299670.	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 14/9/18	Place of Accident :	PUNGGOL WAY

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

If **NO**. Driver Name / Age : DENNIS CHEW WAI HOE

Driver Tel No. : (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SLE 8609P → → →

INSRS: WSP: Dynamic Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
1/10/18	SLE8609P-4 FBJ4673E-X
Hyhen	FILE REVIEW: LIABILITY UNCLEAR / PENDING FOR TP EVIDENCE / PIR.
03.10.18	EMAIL WSP LIABILITY UNCLEAR TO REQUEST FOR EVIDENCE.
09.04.19	INFORM FWD CLAIMANT NO SURVEY / NO REPAIR SO WE WILL CLOSE CASE.
09-04-19	CANCEL CASE. No Survey done
4	

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: 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:	% (Agreed / Assessed) BOLA S/N No. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	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:
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:	