15/5/2010

INS. CASE OWNER: CC 3 / CTI 180 17059 / Kha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 18/09/18 Date / Time: 18/09/18

Registered in Merimen: —

Pre-assign / CCU / FTE: GBH 3481J

Insured Vehicle No. : —

Name of Insured : True Colours Ind. P/L

Insured Tel No. : — HP: —

Excess Sec II :S$ — D.O.A : 15/09/2018

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : Huang Fei

Driver Tel No. : 96810996 (V/L: YES / NO)

Claim No. : Srm1804499c02

Policy No. : —

Make / Model : N. NV3500

Place of Accident : Middle Rd

Nature of Accident : —

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

Insured Liability : % Final ? Yes / No

SHB 9602Z → — → — → —

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : Trans. Cab	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
26/9 VC	SHB 9602Z - CC4/111/18/449/M/Kha3 ; DOA: 15/8/18
	- CC3/CTI/180/17059/Kha3/n2 ; DOA: 15/9/18
	GBH 3481J X
10/10/18 @ 4:26PM	- OIC CALLED IN. CHECKED UPDATE. OIC PROVIDED FOOTAGE TO REPORTING CENTRE.
	- SPOKE TO JENNY (CAR HUPE), OIC ONLY TO REPORT. SHE WILL FORWARD VIDEO FOOTAGE.
	- (OI VIDEO IN. V DRIVE \ NO \ GBH 3481J)
	- W/ MR YEW. TO REBOOT TP CLAIM.
	- EMAIL TO CTI FOR REJECTION APPROVAL
11/10/18	- CTI AGREED ON REJECTION. REPLIED EMAIL.
	- EMAIL TO TP TO DENY CLAIM.
	- TO CLOSE.

Reject Case
By (staff) : VIS
Approved by : Yen
Date : 11-10-18

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	10/10/18 - OIC
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: 19/9 Sent By: Hayle

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LIB S$ 2,800.00 (2 days) Reduction: 83 % 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)	"REBOOT TP CLAIM"
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: $400.00
Total:	S$ — 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:	—