15/5/2010

INS. CASE OWNER: | CC 4 /FWD1801 8765 / eh3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 17/10/18

Registered in Merimen: 16/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SFE 7848T	Claim No. :	
Name of Insured :	TAN SIEW FOO	Policy No. :	PWPV2018 0000223
Insured Tel No. : ______ HP: ______		Make / Model :	NISSAN
Excess Sec II :S$ ______ D.O.A :	11/10/18	Place of Accident :	Up 15 of Nanyang Poly

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

If **NO**. Driver Name / Age :

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

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

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

SJF 8837A → ______ → ______ → ______

INSRS: WSP: ktim hin Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
17/10/18 voucher	SJF 8837A - 4 SFE 7848T - 4	
13.11.18	INFORM WSP LIABILITY UNCLEAR. REQUEST FOR EVIDENCE AS OI REPORTED NO COLLISION.	
10.06.19	INFORM WSP CLAIMANT YET TO SENT IN THE VEH TILL DATE. WILL PROCESS TO CLOSE CASE WITHOUT BILL.	
10-06-19	CANCLE CASE AS NO SURVEY DONE	

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$ (S x days)		
Loss of Income (LOI):	S$ (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:
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: