15/5/2010

INS. CASE OWNER: KHAN HENG | CC4 /AIG1801 8885 / 9663 | LKK: IDAC:

ASSIGNMENT

Surveyor: YGQ DOI: 18/10/18 Date / Time : 16/10/18

Registered in Merimen: 17/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJX 8774 U	Claim No. :	0173707001S9
Name of Insured :	FINS ESH SOLUTIONS PLC	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 3/10/18	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**

SME 4781T → → →

INSRS: WSP: Bw Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SME 4781T – X SJX 8774 U – X	
22/10/18	– NO OI GIA, SENT OUT 1ST LETTER.	
09/11/18	– OI CALLED IN & WILL DO REPORT	
	– OI GIA REPORT IN.	
20/02/19	– FILE REVIEWED. OI REPORTED NO COLLISION.	
	– EMAIL LIABILITY UNCLEAR.	
	– TP VIDEO IN – UPLOADED IN MERIMEN	
05/03/19	– SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.	
	– FINALISED.	
20/01/2020	– TP INACTIVITY FOR MORE THAN 6 MOS. NO TP LOD IN YET. EMAIL TO HG	
	– SUBMIT WP REPORT.	

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:	05/03/19 – VIC

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: P/P	S$ 1,012.00 (2 days) Reduction: 55 %		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$ –	(S$ x days)	SUBMIT WP REPORT
Loss of Income (LOI):	S$ –	(S$ x days)	TP INACTIVITY
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: WP REPORT
Legal Cost	S$ –		3) Survey fee: $250.00
Total:	**S$** –	**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: –	