15/5/2010

INS. CASE OWNER: | CC 7 /III1801 8893 / Kg63 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ESC	DOI: 18/10/18	Date / Time : 18/10/18	Registered in Merimen: 17/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 13417Z		Claim No. :	
Name of Insured : CTPL		Policy No. : MVOM0015	
Insured Tel No. :	HP:	Make / Model : TOYOTA	
Excess Sec II :S$	D.O.A : 14/10/18.	Place of Accident : LUCKY PLAZA TAXI STAND.	
Is driver the owner? (YES / (NO))	Nature of Accident :		
If NO, Driver Name / Age : PHUA CHING PUH PAUL.		OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	Final ? Yes / No

SHC 5301M → ______ → ______ → ______

INSRS: WSP: Transcab. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHC5301M — X
22/10/18	SHC13417Z — 441/08418016/864/Kg63 DMT 5/11/18.
2014.	
26/7/19.	REQ FOR VIDEO FOR REVIEW.
29/7	OI AVP in. pending liability approval.
26/7	Rejection email send TP.
	- TO get est list from ESC.
27/8 -	OI counter claim successful. Reject. MV yew to chop & sign.
18/11/20	- NO estimate. lrt. charge PRI as told by CHT.

Reject Case
By (staff) : Cecilia
Approved by : Vm
Date 18/11/20

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:	% 50 0	(Agreed / Assessed) BOLA S/N No. : BAC	If NO or B 28. Ass. Lia : Both parties turning.
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: Reject. PRI
Legal Cost	S$		3) Survey fee: $120.
Total:	**S$**	**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:	