1VV2010

INS. CASE OWNER: CC 3 /III1801 8893, Kg63

LKK:
IDAC:

Surveyor: KSC

ASSIGNMENT/
DOI: 18/10/18

Date / Time: 18/10/18

Pre-assign / CCU / FTE

Registered in Merimen: 17/10/18

Insured Vehicle No.	SHC 1341Z	Claim No. :	
Name of Insured :	LTPL	Policy No. :	MLOM00LS
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 14/10/18.	Place of Accident :	UNEY PLAZA TAXI STAND
Is driver the owner? (YES / NO) [NO circled]	Nature of Accident :		
If NO, Driver Name / Age :	DHNA LHINGPVH PAUL.	OI GIA REPORT: YES / NO [YES circled]	TP GIA REPORT: YES / NO [YES circled]
Driver Tel No. :	(V/L: YES / NO) [YES circled]	Insured Liability : %	Final ? Yes / No [No circled]

SHC 5701M →

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

Date/ Time	
27/10/18	SHC5701M – X
PPY.	SHC1341Z – [illegible] [illegible]
26/7/19.	REQ FOR VIDEO FOR REVIEW.
7/7	OI mf in. pending liability approval.
26/7	Rejection email send TP.
	– To get est list from KSC.
27/8 –	OI counter claim successful. Reject. mr yew to chop & sign.

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:		

Reject Case
By (staff):
Approved by: Yew
Date: 31/08/20

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. : ~~NIL~~		If NO or B 28, Ass. Lia : ~~[illegible]~~
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 [Reject circled]
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: Reject.
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:	