15/5/2010

THE CASE OWNER: | CC 6 / 11 / 120 / 19804 / Ahn3 | LKK: IDAC:

ASSIGNMENT

Surveyor: LWP   DOI: 31-10-18   Date / Time: 31-10-18

Registered in Merimen: 31/10/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 3513B   Claim No. :

Name of Insured : CTPL   Policy No. :

Insured Tel No. :   HP: Make / Model :

Excess Sec II :S$ D.O.A : 30-10-18   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

SGA 7256 U → → →

INSRS:
WSP: My Solution.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
Ahn / VC	SGA 7256 U, X ;
	SHD 3513B - LG/[illegible] ; DOA: [illegible]
	- POTENTIAL REJECT CLAIM
05/11/18	- PIC REVIEWED. OI GOING STRAIGHT.
	TP TURNING. SEEK CLARITY W OI
	VIDEO FOOTAGE FROM III.
	- FINALISED.
	- OI VIDEO IN. UPLOADED BY III IN MERIMEN
	- OI GOING STRAIGHT @ AMBER. TP TURNING
20/03/19	- SEEK REJECTION APPROVAL
	- TP LOD IN BY EMAIL
20/03/19	- III AGREED REJECTION
	- TP VIDEO UPLOADED BY III IN MERIMEN
04/04/19	- EMAIL TO TP REJECT CLAIM.
	- TO CLOSE.

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) : VC
Approved by : Ahn
Date : 08-04-19

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LG S$ 2,800.00 (8 days) Reduction: 75 % Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Call

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	(TP TURNING - OI VIDEO IN)
Loss of Rental (LOR):	S$ – (days)	NO SETTLEMENT
Loss of Use (LOU):	S$ – ($ x days)	REJECT TP CLAIM
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: $ 350.00
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:	–