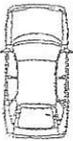|		LKK:
Policy Holder: Joel	CC 6 EQI 188 20293, 21 fa3 52	IDAC:

ASSIGNMENT

Surveyor: Rasul . | DOI: 16/11/2018 | Pohk'n | Date / Time: 9-11-18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKX 9891D

Name of Insured : YIP Meng Fai

Insured Tel No. : HP:

Excess Sec II :S$ | D.O.A : 1-11-18

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

If NO, Driver Name / Age :

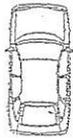Driver Tel No. : (V/L YES / NO)
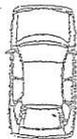
Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SKS 5130 U →

INSRS:
WSP: BH Auto
Tel :
Liability :
RMKS:

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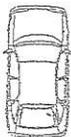
INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
12/11 CPE	SKS 5130 U. X;	Non-Reporting ltr (1st):	
	SKX 9891D - W6/ACW70198871A7a342; DOA: 14/01.17	Non-Reporting ltr (2nd):	
	— W4/QDB17004362 A W6352; DOA: 9/5/18	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	✱ to check if TP has any evidence.	Call OI: 21/11/2018	
		After call ltr to OI:	
	pending Estimate, KIV TP weston our email date 9/11/2018	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	
	TP video / OI video in UDrive	After call ltr to OI:	
	Hua Meng helping OI doing TP claim	Authorisation To Act:	
	email to reject TP claim, pending finalize LOR	Release Voucher:	
		Final Repair Bill:	
25-01-19	T/P WAS AT FAULT BY SWERVING OUT FROM THE QUEUE	Car Rental Invoice:	
	AND collided with our O/I TO REJECT & CLOSE THE FILE	Towing Invoice:	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	✓
	After repair photo X	LOD	
		Payment Breakdown Form:	

Reject Case
By (staff) : Peil Kim
Approved by : Yu
Date : 25/01/19

PRELIMINARY ADVICE	Date/Time: 19/11/2018	Sent By: HMK		Post-Repair Photos:	
				Others:	

COPY SENT 15/3/19

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$ ($ x days)		
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: $400.00
Total:	S$ 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:	