15/5/2010

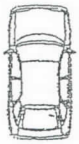
INS. CASE OWNER: SALIHA | CC 4 / MG 180 20640 / JA3 | LKK: | IDAC:

ASSIGNMENT

Surveyor. _____ DOI: _____ Date / Time : 14/11/18

Registered in Merimen: 15/11/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SKP3210B | Claim No. : 3582260570 SG

Name of Insured : S.S. Sathappan | Policy No. :

Insured Tel No. : _____ HP: _____ | Make / Model :

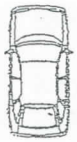
Excess Sec II :S$ _____ D.O.A : 29/10/18 | Place of Accident : Upp Serangoon Rd

Is driver the owner? (YES /) | Nature of Accident : _____

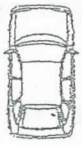
If NO, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : | (V/L: YES / NO) | Insured Liability : % | Final ? Yes / No

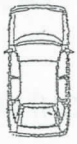
SKA7002M → _____ → _____ → _____



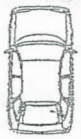
INSRS:
WSP: Allan's United
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
20/11 Joy	SKA7002M - X ; SKP3210B - X - BOTH OI & TP VIDEO UPLOADED IN MERIMEN
	Reject Case By (staff) : Approved by : Date :
4-12-18	@1130 SALIHA CALLED OI CLAIM NOT SUCCESSFUL BUT OI DID NOT REV TO OD YET. TO CHECK WITH OI.
4-12-18	@ 1220 PM SPOKEN TO OI & HE WANTS TO FIGHT FOR HIS CASE.
14-12-18	W/ OI HE WILL TAKE ACTION A. TP.

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:	4.12.18 JOY

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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:
12-07-19	TO CANCEL FILE, NO SURVEY DONE	

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$		NO SURVEY DONE CANCELLED
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:
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:	