15/5/2010

INS. CASE OWNER: Sundari

CC 4, 111 180 21078, #03

LKK:
IDAC:
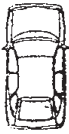
ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time: 21/11/18

Registered in Me....nen: 21/11/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC 8093T

Name of Insured : CTPL

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 19/11/18

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**

YN3860U → → → →

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: Singhvy.	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
7/1/17 CPL	YN3860U. X : SHC 8093T. CC4/111/20/2330S/Pentar, OOA: 4/4/13 NS INT/170/9950/Mighat OOA 4/4/13	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
	BOLA 27 - Approve ✓	After call ltr to OI:	
28/12/18	Email liability clear ✓	**Documentation Check List:** Handler / Typist	
	pending survey	Notification ltr (if non-pickup)	
26/7/19	10 days notice send TP	After call ltr to OI:	
3/9	Pending UI instruction / approval to close case.	Authorisation To Act:	
27/9	III approved case close. (No survey done).	Release Voucher:	
		Final Repair Bill:	
	TO CANCEL NO SURVEY DONE.	Car Rental Invoice:	
30-09-19		Towing Invoice:	
		LTA / GIA :	
✓		Medical Bill:	
		PIR:	
30/9	(File pass Admin to close).	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:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$		Front to rear collision
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)	CANCEL.	
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$		2) Report Format:
Disbursement:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Legal Cost	S$		
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: