15/5/2010

~~INS.~~ CASE OWNER: | CC3 / 111 180 22292 / Kha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 10.12.18 Date / Time : 10.12.18
Registered in Merimen: 11/12/18

Pre-assign / CCU / FTE

Insured Vehicle No.	: SHC 1942P		Claim No.	: MOT 18120180
Name of Insured	: OPL		Policy No.	:
Insured Tel No.	:	HP:	Make / Model	:
Excess Sec II :S$		D.O.A : 7/12/18	Place of Accident :	Bedok 7 Simpang Bedok
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**

SHC 5156R → ______ → ______ → ______

INSRS: WSP: Trans-cab Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
14/12	SHC 5156R - CC3/AIG18020339/Kha3 ; DOA: 9/11/18	Non-Reporting ltr (1st):	
	- CC3/CI1180 10056/Kha3 ; DOA: 31/5/18	Non-Reporting ltr (2nd):	
	- CC4/ACM18020039/Aj63 ; DOA: 31/10/18	Non-Reporting ltr (Final):	
	- CC4/AXA18011157/Tob9? ; DOA: 31/5/18	Notification ltr (if non-pickup):	
	- CC4/AXA18013239/Aja31 ; DOA: 18/7/18	Call OI:	
	SHC 1942P - CC3/ERI1 70248538/Kk65?? ; DOA: 2/1/17	After call ltr to OI:	
	- CC4/M1 170121961/Tk63?? ; DOA: 16/6/17		
	- NS/INZ1 6010464/Kh9b?? ; DOA: 3/6/16		

Date/ Time		Documentation Check List:	Handler	Typist
	- FINALISED.	Notification ltr (if non-pickup)		
14/12/18	- MIB RECEIVED. CONFLICTING VERSIONS.	After call ltr to OI:		
	BOTH REPORTED GREEN LIGHT ON THEIR	Authorisation To Act:		
	FAVOUR. TO GET OI VIDEO TO REASSESS	Release Voucher:		
	LIABILITY.	Final Repair Bill:		
	- OI VIDEO FOOTAGE IN. UPLOADED IN MERIMEN.	Car Rental Invoice:		
	- TO REJECT CLAIM.	Towing Invoice		
22/02/19	- III AGREED TO REJECT TP CLAIM.	LTA / GIA :		
	- TP LOD IN BY EMAIL	Medical Bill:		
27/02/19	- EMAIL TO TP TO REJECT CLAIM.	PIR:		
	- TO CLOSE.	Mandate/~~Reject~~ Instruction:	✓	
		LOD		
		Payment Breakdown Form:		

PRELIMINARY ADVICE Date/Time: Sent By: Post-Repair Photos:
Others:

Reject Case
By (staff) : VIC
Approved by : YW
Date : 27/2/19.

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: LG S$ 1,350.00 (5 days) Reduction: 90 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		(CONFLICTING VERSION)
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	($ x days)	REJECTED CLAIM
Loss of Income (LOI):	S$ —	($ x days)	TP BEATS RED LIGHT
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: $ 450.00
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:	—