

15/5/2010

INS. CASE OWNER:

CC 4 / LPC1802 2713 / hbb

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YP 8039G

Claim No.:

18/10/18/12051 on my

Name of Insured:

SINGAPORE MARINE INSURANCE

Policy No.:

MEVU 5000729

Insured Tel No.:

HP:

TEL 9106665

Make / Model:

1600

Excess Sec II :S\$

D.O.A.:

14/10/18

Place of Accident:

KOH KOW ST

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

YEO LEEON 48

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

Driver Tel No.:

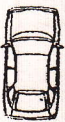
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SPQ 1737G



INSRS:

WSP:

Tel:

Liability:

RMKS:

performance



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
21/1/18	Non-Reporting ltr (1st):	
21/1/18	Non-Reporting ltr (2nd):	
21/1/18	Non-Reporting ltr (Final):	
21/1/18	Notification ltr (if non-pickup):	
21/1/18	Call OI:	
21/1/18	After call ltr to OI:	
21/1/18	Documentation Check List: Handler Typist	
21/1/18	Notification ltr (if non-pickup)	
21/1/18	After call ltr to OI:	
21/1/18	Authorisation To Act:	
21/1/18	Release Voucher:	
21/1/18	Final Repair Bill:	
21/1/18	Car Rental Invoice:	
21/1/18	Towing Invoice:	
21/1/18	LTA / GIA :	
21/1/18	Medical Bill:	
21/1/18	PIR:	
21/1/18	Mandate/Reject Instruction:	
21/1/18	LOD	
21/1/18	Payment Breakdown Form:	
21/1/18	Post-Repair Photos:	
21/1/18	Others:	

SPQ 1737G - 14/10/18/12051 on my
YP 8039G - Y

21/1/18 - PIR EQUIPMENT. CONFIRMING WORKING. OLD REPORTED TP REPAIR. TP REPORTED OLD KENT-BRIDGE HILL. GMAIL CAPABILITY UNABLE, REQUEST TP VIDEO FOOTAGE. TP VIDEO IN. V DRIVE (VIC) SICK 1737G FORWARDED TO LPC BY GMAIL. SPONS TO CAROLINE, NO LONGER VIDEO FOOTAGE.

16/10/18 @ KPH - LPC INFORMED TP CONVERTED TO OD. NO SURVEY DONE. CANCEL CASE.

15/10/18

Reject Case
By (staff) : VIC
Approved by :
Date : 15/10/18

PRELIMINARY ADVICE	Date/Time:	Sent By:	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 + LO ☐		[Tick only one]		
GIA/LTA Search	S\$			
Medical:	S\$			
Disbursement:	S\$	(e.g. Tow/ Independent)		
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:		

CANCELLED
TP CONVERT OD
NO SURVEY

1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: