15/5/2010

INS. CASE OWNER: | CC 4 /LPC1802 2713 / WB | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 17/12/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 8039G.

Name of Insured : SINGAPORE AQUACULTURE TECHNOLOGIES

Insured Tel No. : ______ HP: ______

Excess Sec II :S$ ______ D.O.A : 14/12/18 . PM

Claim No. : 18/18/18/1105/121 mf

Policy No. : MKVLC 500 0429.

Make / Model : ISUZU.

Place of Accident : ENG HOON ST

Is driver the owner? (YES / NO) [NO circled] Nature of Accident : ______

If **NO**, Driver Name / Age : YEO LEUON MING.

Driver Tel No. : (V/L: YES / NO) [YES circled]

OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

Insured Liability : % **Final ? Yes / No** [No circled]

SFQ 1737G → ______ → ______ → ______

INSRS: WSP: performance. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/12/18	SFQ1737G – LIG/MSM/18/01116/RZW63 VLA: 17/6/18
	YP8039G – 4
VIC	
27/12/18	- FILE REVIEWED. CONFLICTING VERSIONS. OI REPORTED TP REVERSED. TP REPORTED OI REAR-ENDED HIM.
	- EMAIL LIABILITY UNCLEAR, REQUEST TP VIDEO FOOTAGE.
	- TP VIDEO IN. V DRIVE |VIC| SKQ 1737G
	- FORWARDED TO LPC BY EMAIL
16/01/19 @ 4PM	- SPOKE TO CAROLINE, NO LONGER VIDEO FOOTAGE.
15/04/19	- LPC INFORMED TP CONVERTED TO OD.
	- NO SURVEY DONE.
	- CANCEL CASE.

Reject Case
By (staff) : VIC
Approved by :
Date : 15/04/19

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:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
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:

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)	CANCELLED
Loss of Income (LOI):	S$ –	($ x days)	TP CONVERT OD
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]	NO SURVEY
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:	–