15/5/2010

INS. CASE OWNER: MOONA | CC 4/ LU 180 22730 / 71ha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Taufiqh DOI: 18/12/18 Date / Time : 18/12/18

Registered in Merimen: 18/12/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKW 3321 C			Claim No. :	MPC2018D0000270
Name of Insured :	TOH JU HONG			Policy No. :	
Insured Tel No. :		HP:		Make / Model :	KIA K3
Excess Sec II :S$		D.O.A :	14/12/2018	Place of Accident :	MIDDLE RD

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

If NO, Driver Name / Age : OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO (YES circled)

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

SHD 2776R → → →

INSRS: WSP: Tel : Prime Auto. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD 2776R - CC3/AXA1602149 3/Kja39? ; DOA: 14/11/14
21/12	SKW 3321C - X
	- FINALISED.
	- POTENTIAL REJECT CLAIM
26/12/18	- FILE REVIEWED. CONFLICTING VERSIONS.
	OI REPORTED TP CUT LANE. TP REPORTED
	BOTH CHANGED TO WARDS SAME LANE.
	- OI GOT VIDEO FOOTAGE.
	- FINAL LIABILITY UNCLEAR.
	- OI VIDEO FOOTAGE IN. V DRIVE/VIC/SKW3321C.
26/12/18	- LU AGREED TO REJECT CLAIM
	- TP LOG IN BY EMAIL.
14/01/19	- EMAIL TO TP REJECT
	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by :
Date : 14-01-19

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: L/S S$ 3,900.00 (5 days) Reduction: 37 % 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 VERSIONS)
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x days)	"REJECTED CLAIM"
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 (Reject circled)
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $ 250.00
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:	—