(Summary 10/4)

15/5/2010

INS. CASE OWNER: KENNIS | CC 6/AIG1802 2738 / Ahjah | LKK: IDAC:

ASSIGNMENT

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

Registered in Merimen: 28/12/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKT 9030T. Claim No. : 7156455 7156

Name of Insured : Lim Yong Shah. Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 22/12/18. Place of Accident :

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**

SLL 5582Z → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Smart	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLL 5582Z - X SKT 9030T - Y
7/1/19	- NO OI GIA. SENT OUT 1ST LETTER.
JM.	- FINALIZED
	- ORIGINAL - TP LOD IN
21/03/19	- Sent 1st AR Letter
22/3/19	- 1st AR → $2.54
11/4/19	- 2nd AR → $2.54
11/11/19	- NO OI GIA REPORT IN YET
	CALL OI TO LODGE REPORT 9824-5687
10/02/2020	- MG REPUDIATED CLAIM
	- EMAIL TO TP TO INFORM THE SAME.
	- SUBMIT WP REPORT
	- TO CLOSE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	07/01/19
Non-Reporting ltr (2nd):	21/03/19 - 1ST AR
Non-Reporting ltr (Final):	12/04/19 - 2ND AR
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/G S$ 1,750.00 (3 days) Reduction: G1 % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	NO SETTLEMENT
Loss of Use (LOU):	S$ — ($ x days)	WP REPORT
Loss of Income (LOI):	S$ — ($ x days)	REPUDIATED / NON REPORTING
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[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: WP REPORT
Legal Cost	S$ —	3) Survey fee: $360.00
Total:	**S$** — **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Cal ☐

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—