15/5/2010

INS. CASE OWNER: | CC 4 /LPC1900 0020 , KJ 463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kalvin DOI: 28/12/18 Date / Time: 28/12/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKD 1066C		Claim No. :	18/18/19/P05/081763
Name of Insured : UAN BOON KIAT.		Policy No. :	718VPV5070609
Insured Tel No. :	HP: 96799861	Make / Model :	AUDI
Excess Sec II :S$	D.O.A : 27/12/18	Place of Accident :	YISHUN AVE 8 B4 JUNC OF YISHUN AVE 1
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. :	(VIL: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SKD 1066C → SHL3816H → SJN 7706K →

INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: UDLIE WSP: W Tel : Liability : RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHL3816H – LRN/PG15477770/11rcd3 …
	SKD 1066C – 4
8/1/19 VIC	- FINALISED.
	- ORIGINAL TP LOD IN
19/03/19	- FILE REVIEWED. OI REPORTED HE ALREADY CHANGED LANE WHEN TP CHANGED TO HIS LANE & COLLIDED TO HIS CAR. TP ALSO COLLIDED TO. ANOTHER CAR INFRONT OF IT.
	- REQUEST FOR TP VIDEO FOOTAGE.
19/03/19	- TYPE REPORT WHILE PENDING GUIDENCE
	- OI VIDEO IN. V DRIVE/ VIC/ SKD 1066C
	- EMAIL TO LPC FOR REJECTION
	- LPC AGREED TO REJECT.
	- EMAIL TO TP REJECT CLAIM. (LPC WILL SEND)
	- TO CLOSE.

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: 02/01/19 Sent By: b3

Reject Case
By (staff) VIC
Approved by VIC
Date 19/03/19

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: HS S$ 5250.00 (4 days) Reduction: 64 % 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$ —	(4.5 days) X $ 117.28
Loss of Use (LOU):	S$ —	(S$ 50 x 4.5 days)
Loss of Income (LOI):	S$ —	(S x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐	[Tick only one]
GIA/LTA Search	S$ 7.49	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $250.00
Total:	S$ —	**Global Sum S$:**

COPY SENT 20/3/19

REJECT CLAIM
NO SETTLEMENT
LPC WILL EMAIL TP
TO REJECT

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: —