15/5/2010

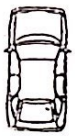
INS. CASE OWNER: WORKMAH | CC 4 / ALG 1900 0377 / Alta3 | LKK: (Suwarna) IDAC: ~~17~~ / 15/8

ASSIGNMENT

Surveyor: WP DOI: 4.1.19 Date / Time: 4.1.19

Registered in Merimen: 8.1.19

* Pre-assign / CCU / FTE



Insured Vehicle No. : SJV 4187J

Name of Insured : MARUTHI CAR RENTAL

Insured Tel No. : HP:

Excess Sec II :SS D.O.A : 21.7.18

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

If NO, Driver Name / Age :

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

Claim No. : 710752882806

Policy No. :

Make / Model :

Place of Accident :

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

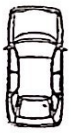
Insured Liability : % Final ? Yes / No

SJW 7922D →

INSRS:
WSP:
Tel :
Liability :
RMKS:

Tel Soon

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJW 7922D - X ;
10/1	RNR. Cant ont to letter.
03/09/19	- NO OI GIA REPORT IN YET.
	- OI COMPANY PROVIDED OID (HIRER) DETAILS & RENTAL AGREEMENT.
	- UPLOADED IN MERIMEN
03/09/19	- CALL OID RE PER DETAILS. NO. NOT IN USE
17/10/19	- EMAIL A/C FOR INSTRUCTIONS
10/03/2021	ALG REPUDIATED CLAIMS / Close file
	Submit WP report.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	1/10/2019
Non-Reporting ltr (2nd):	15/07/2019 - 1ST ATC
Non-Reporting ltr (Final):	16/08/2019 - 2ND ATC
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$ 61500.00 (10 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 + LOI ☐ [Tick only one]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: ~~Normal/Reject/Private Settle~~ WP
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: $ 250.00
Total:	S$	Global Sum S$:	4) RA fee : $ 2.50 X2 /

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:	