15/5/2010

INS. CASE OWNER: Lynn Chong | CC 4 / ~~ASM~~ TP 1900 0394 / TI fa13 32 | LKK: IDAC: 91553

ASSIGNMENT

Surveyor: WMA DOI: 8/1/19 Date / Time: 9 7/1/2019

Registered in Merimen: -

Pre-assign / CCU / FTE

Insured Vehicle No. : SDE 7799J Claim No. : S8M017MF

Name of Insured : Ang Chim Keong. Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ 0 D.O.A : 31/12/2018 Place of Accident : Ayo

PB1

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**

GBA 2861P → JGM 3122 → YN 9351H → SDE 7799J → SKV 710M

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS: OI	Ethoz. TP

Date/ Time	
9/1/19 CPIC	SKV 710M. X ; SDE 7799J - X
	5 car chain collision and TP was the first vehicle, OI was the second vehicle was pushed by behind. However there is a Malaysia involved. Malaysia Vehicle is 4th vehicle (in between)
	BOLA not apply
	Send letter to OI
11/10 -	Seek AXA approval / instruction as TP inform that AXA tell them to claim against last veh (NTUC). Thus wish to purchase surveyor report from us.
16/10 -	File pass admin to close. Submit WP report. As TP wants to purchase surveyor report from us. * URGENT * EXPEDITE CASE.

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: 2/8/2019	

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: Taufikh

Repair Cost: RP S$ 1124.85 (3 days) Reduction: $537.10 % 32 Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: Confirm with Email [ ] Call [ ]

Final Liability:	% TBA (Agreed / Assessed) BOLA S/N No. : TBA	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	COPY SENT 22/10/19
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
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: Independent
Legal Cost	S$	3) Survey fee: $368/-
Total:	**S$** **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:	