INS CASE OWNER: RA | CC4, Asm 1900 0610 , Ga3 | LKK: IDAC: 97744

ASSIGNMENT

Handler: ______ DOI: ______ Date / Time: 15/1/2019

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No	GBE 5711Z	Claim No :	S8MO29YT
Name of Insured	HR Catering & Trading	Policy No. :	
Insured Tel No.	HP	Make / Model :	
Excess Sec II : S$	D.O.A 30/12/18	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age :

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

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

Insured Liability : % Final ? Yes / No

SJL32B → ______ → ______ → ______

INSRS: WSP: hm Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJL32B ... GBE5711Z ...
15/1	Sent out 1st letter
15/4	sent 1st reminder
20/5	2nd reminder to RA.
14-6-19	MSG IN SMART - FINAL REMINDER SENT - FOR YOUR INSTRUCTION.
06/10/2020	CLAIM REPUDIATED DUE TO OI BREACH POLICY CANCEL CASE, NO SURVEY DONE. MR YEW TO SIGN

STAGE	DATE / PIC
Non-Reporting ltr (1st):	15/04/2019
Non-Reporting ltr (2nd):	13/05/2019
Non-Reporting ltr (Final):	04/06/2019
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: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability:	% (Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ ( )	
Loss of Use (LOU):	S$ (S x	
Loss of Income (LOI):	S$ (S x	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO	(...ly one)	
GIA/LTA Search	S$	
Medical	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (To... ...ndent)	2) Report Format:
Legal Cost	S$	3) Survey fee:
Total:	S$ ...Sum S$:	4) RA fee: $ 250 /

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: