15/5/2010

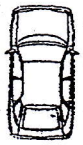
INS. CASE OWNER: Jeannie | CC4/EG1 1900 0773, TJ/fa3 | LKK: IDAC:

ASSIGNMENT

Surveyor: WTH DOI: 18/1/19 Date / Time : 14/1/19

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 9879C

Name of Insured : Ng Kim Chuan

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 9/1/19

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

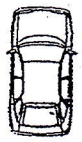
Nature of Accident :

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

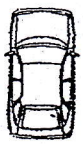
Insured Liability : % **Final ? Yes / No**

(V/L: YES / NO)

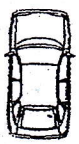
SJX 8810G →



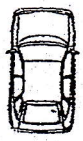
INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
MP open	SJX 8810G - X ; YN 9879C - X
25/4/2019	TP Call OI, but no body pick up
06/06/19	- FILE REVIEWED. OLD REMK - ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUED.
@ 10:24AM	- CALL OI. NO RESPONSE. CALL OLD. NO RES.
	- ERGO INSTRUCTED TO SUBMIT WP REPORT - TO CLOSE 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:	06/06/19 - VIC

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI: EMAIL	☐	☐
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: 16/01/19 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 29,506.20 (18 days) Reduction: 14 % Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost:	S$ —	If NO or B 28, Ass. Lia : COLD REMK - ENDED TP
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x days)	NO SETTLEMENT
Loss of Income (LOI):	S$ — ($ x days)	ERGO WILL HANDLE SETTLEMENT
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: WP REPORT
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	S$ — **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:	—