15/5/2010

INS. CASE OWNER: SUNDARI	CC 4/ 111 1900 0984 , ha3	LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: __16/1/19__

Registered in Merimen: __16/1/19__

Pre-assign / CCU / FTE
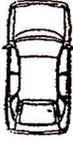
Insured Vehicle No. : SHC 8923 Z CPR

Name of Insured :

Insured Tel No. : HP:

Claim No. : MCT1900314

Policy No. :

Make / Model :

Excess Sec II :S$ D.O.A : 12/1/19 Place of Accident :

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

YP 8286J → → →
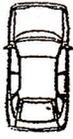
INSRS: WSP: Hua Hong. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
18/1	YP8286J- X ; SHC8923Z. CCY/DM17009417/M1pa357:00A.14/7	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
28/01/19	- HUB REVIEWED. BOTH TURNING. OID GOT VIDEO. SEEK LIABILITY TO III. REQUEST OI VIDEO FOOTAGE.	Call OI:	
		After call ltr to OI:	
	- OI VIDEO FOOTAGE IN. V/VIO/SHC 8923Z UPLOADED BY II IN CUTRENEW	**Documentation Check List:** Handler Typist	
		Notification ltr (if non-pickup)	
	- TP SCENE PHOTOS IN	After call ltr to OI:	
		Authorisation To Act:	
15/05/19	- SEEK RESTORE APPROVAL	Release Voucher:	
	- III AGREED RESTORE.	Final Repair Bill:	
		Car Rental Invoice:	
16-05-19	- EMAIL TO TP TO RESTORE CLAIM.	Towing Invoice	
	- CANCEL CASE SINCE NO SURVEY CONDUCTED.	LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction: ✓	
		LOD	
		Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	
		Others:	

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability: % (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :
Repair Cost: S$ —		
Loss of Rental (LOR): S$ — (days)		CANCELLED
Loss of Use (LOU): S$ — ($ x days)		NO SURVEY DONE
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:
Legal Cost: S$ —		3) Survey fee: —
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:	—