15/5/2010

INS. CASE OWNER: GHOTCIWI | CC 4 / 111 1900 1451 / D ha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: ART | DOI: 22/1/19 | Date / Time: 22/1/19

Registered in Merimen: 22/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 4312 H | Claim No. : MOT19010594 LX

Name of Insured : UM2 | Policy No. :

Insured Tel No. : | HP: | Make / Model :

Excess Sec II :S$ | D.O.A : 20/01/19 | Place of Accident : PIE (TMAS

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

If NO, Driver Name / Age : | OI GIA REPORT: YES / NO (circled: YES) ; TP GIA REPORT: YES / NO (circled: YES)

Driver Tel No. : | (V/L: YES / NO) (circled: YES) | Insured Liability : % | **Final ? Yes / No**

SKP 6346 H → → →

INSRS:
WSP: Tan Lim
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
24/1 [illegible]	SKP6346H . X ;
	SHD4312H . CC3/OT/18008861/K1ja39x ; DOA: 11/5/18
	CN3/MC18015820/K19d3n2 ; DOA: 29/8/18
29/01/19	- FILE REVIEWED - OIV INVOLVED IN A 3 VEH. C.C. & WAS THE LAST CAR.
	- SEEK LIABILITY MANDATE TO 111.
31/01/19	- 111 AGREED TO
01/02/19	- EMAIL LIABILITY CLEAR
	- TOTAL LOSS.
14/05/19	Vehicle not repaired at Ten Lim. Vehicle not economical to repair. Any settlement should be done with TP owner directly. But we submit Total Loss report.
	To close ~~Jave~~ file until owner chase.

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:	

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:	% 100	(Agreed / Assessed) (circled: Agreed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100
Repair Cost:	S$ —		(3 VEH-C.C., OIV LAST)
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	($ x days)	SUBMIT WO REPORT
Loss of Income (LOI):	S$ —	($ x days)	TOTAL LOSS,
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]	NO REPAIR DONE TO TP
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: WO 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:	—