

INS. CASE OWNER:

CHORLEY

CC 4 / 111 1900

1451, Dha3

LKK:

IDAC:

Surveyor:

ART

DOI:

ASSIGNMENT

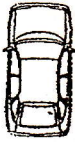
22/1/19

Date / Time:

22/1/19

Registered in Meriden:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 4312 H

Claim No. : MOT19010594

LX

Name of Insured : UPR

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS

D.O.A : 20/01/19

Place of Accident : PIE (MAS)

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

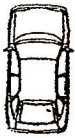
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SPF 6346H

INSRS:
WSP:
Tel:
Liability:
RMKS:

can be

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

Date/ Time		STAGE	DATE / PIC
22/1/19	SPF 6346H - X;	Non-Reporting ltr (1st):	
22/1/19	SHD 4312 H - C2 / C1 / C3 / C4 / C5 / C6 / C7 / C8 / C9 / C10 / C11 / C12 / C13 / C14 / C15 / C16 / C17 / C18 / C19 / C20 / C21 / C22 / C23 / C24 / C25 / C26 / C27 / C28 / C29 / C30 / C31 / C32 / C33 / C34 / C35 / C36 / C37 / C38 / C39 / C40 / C41 / C42 / C43 / C44 / C45 / C46 / C47 / C48 / C49 / C50 / C51 / C52 / C53 / C54 / C55 / C56 / C57 / C58 / C59 / C60 / C61 / C62 / C63 / C64 / C65 / C66 / C67 / C68 / C69 / C70 / C71 / C72 / C73 / C74 / C75 / C76 / C77 / C78 / C79 / C80 / C81 / C82 / C83 / C84 / C85 / C86 / C87 / C88 / C89 / C90 / C91 / C92 / C93 / C94 / C95 / C96 / C97 / C98 / C99 / C100	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
29/01/19	PIE KOUWABO - OIP INVOLVED IN A 3 VEH. C.C. 4 WAS THE CAUSE.	Documentation Check List:	Handler Typist
31/01/19	OVER LIABILITY WARRANTS TO ALL	Notification ltr (if non-pickup)	
01/02/19	III AGREED TO	After call ltr to OI:	
	EMAIL LIABILITY CLERK	Authorisation To Act:	
14/05/19	TOTAL LOSS.	Release Voucher:	
	Vehicle not repaired. at Ten Lim.	Final Repair Bill:	
	Vehicle not economical to repair.	Car Rental Invoice:	
	Any settlement should be done with TP owner directly.	Towing Invoice:	
	But we submit Total Loss report.	LTA / GIA :	
	To close file until driver chase.	Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. :	20
Repair Cost:	S\$	-		
Loss of Rental (LOR):	S\$	-	(days)	
Loss of Use (LOU):	S\$	-	(\$ x days)	
Loss of Income (LOI):	S\$	-	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐	[Tick only one]			
GIA/LTA Search	S\$	-		
Medical:	S\$	-		
Disbursement:	S\$	-	(e.g. Tow/ Independent)	
Legal Cost	S\$	-		
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:	-