15/5/2010

INS. CASE OWNER: | CC 6 /AIG1900 1825 / UKkh ds | LKK: IDAC:

ASSIGNMENT

Surveyor: marcus   DOI: 28/1/19.   Date / Time : 28/1/19
Registered in Merimen: 28/1/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKW 5138C   Claim No. : 1505 2478 7649
Name of Insured : YUE SHARON   Policy No. : 1800113557
Insured Tel No. :   HP: Make / Model : AUDI
Excess Sec II :S$ D.O.A : 8/10/18   Place of Accident : TAMPINES RD.
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**

FBK 2947U → ______ → ______ → ______

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

Date/ Time	
	FBK2947U – X SKW5138C – Y
23/4/19 @ 11.21am – khanchna	- Informed OI on TP claim. OI confirmed the mva. TP rear ended her veh. OI made a TPPD claim against TP and managed to claim successfully but not sure w/or 100%. as it was handled by her husband. OI's husband will call to confirm the same.
24/4/19 @ 11.50am – khanchna	- Spoke to OI husband (Mr. Godwin). He confirmed that they made a TPPD claim against TP but unable to recall w/or he could claim 100% or not. Also told us that their car has been fully repaired.
	Potential Reject claim?
25/4/19 khanchna	- Emailed OI w/shop to request outcome of OI TPPD claim & percentage.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	23/4/19 – khanchna
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$ 245.50 (2 days)	Reduction: 55 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28. Ass. Lia :
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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $290
Total:	**S$**	**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:	