15/5/2010

INS. CASE OWNER: CC 4, EQI 1900 2374, [illegible]

LKK:

IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 11/2/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKP 1070 B

Name of Insured : Lu Yu Hong Chn

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 28/1/19

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident : Upper Bukit Timah Rd

Nature of Accident :

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

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

SLA 7404 A →

INSRS:
WSP: Mora
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
12/2 CH1	SKP1070B - CW/AI6160 24661/PW03Q7 ; DOA: 7/10/16
	SLA7404A - X
18/3/19	– call OID, OID dispute liability. No AVF however to provide scene photo via email. LOI email to OI.
19/3/19	No evidence from TP & OI provide only 1 scene photo.
19/3/19	OI agreed to settle and aware NCD affected.
29/3/19	Notify TP on liability. Pending surveyor report.
21.11.19	WSP INFORM CLAIMANT WITHDREW TP CLAIM.
25.11.19	EMAIL EQ INFORM CLAIMANT WITHDREW CLAIM AND CANCLE CASE WITHOUT SURVEY DONE.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	1 18/3/19
After call ltr to OI:	1 [illegible]

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)	BOLA S/N No. : 15	If NO or B 28, Ass. Lia : (Changing lane)
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:
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:	