15/5/2010

INS. CASE OWNER: GAMMA | CC 6/ MG 1800 2486 / Ultra3 | LKK: IDAC:

Surveyor: MAPFRE | **ASSIGNMENT** DOI: 17/7/19 | Date / Time : 17/7/19

Registered in Merimen: 17/7/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKW 7013R

Name of Insured : Gary Yin Teng Stephanie

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 5/7/19

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

If NO, Driver Name / Age :

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

Claim No. : 4207A5053956

Policy No. :

Make / Model :

Place of Accident :

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

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

GBB 8432 A →

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

INSRS: WSP: Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
23/7/19	GBB 8432A, X ; SKW 7013R - X
	VIDEO IN MERIMEN
24/07/19	- MG REVIEWED. OI TURNING @ RIGHT LANE. TP ON TURNING RIGHT LANE ONLY MOVED STRAIGHT.
	- EMAIL TO MG FOR REJECTION APPROVAL
	- MG INSTRUCTED TO REBOOT TP CLAIM.
24/07/19	- EMAIL TO TP TO REBOOT CLAIM
	- SUBMIT REPORT.

Reject Case
By (staff) : VIC
Approved by :
Date : 24/07/19

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: HS S$ 2,600.00 (3 days) Reduction: 65 % 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)	REBOOT TP CLAIM NO SETTLEMENT
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: $ 320.00
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.	—