15/5/2010

INS. CASE OWNER: Joel | CC 4 /EQI1900 No 80, f63 / | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 17/7/19

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMD 153S	Claim No. :	
Name of Insured :	MAXIUM MARKETING DN	Policy No. :	OMPMQ18-006769
Insured Tel No. :	HP:	Make / Model :	BMW
Excess Sec II :S$	D.O.A : 5/7/19	Place of Accident :	PIE TWDS TUAS

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

If **NO**, Driver Name / Age : POU ENG GUAN MAX — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SGT 99C ⟶ ______ ⟶ ______ ⟶ ______

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

Date/ Time	
	SGT99C-X SMD1535-X
	Pending private settlement status,
15/2/2019	Spoke to OID, confirmed BOLA 27, OI intend to do private settlement, spoke to paul, they already provide quotation to their client, can get OI call claimant.
14/8/2019	Spoke to OID, Confirmed private settlement no success.
14/8/2019	Spoke to Paul., confirmed claimant didn't go back to their workshop.
14/8/2019	Spoke to Joel, TP submit other claim, to cancel the matter no survey done / to cancel / to close the matter
	[signature] 15/8/2019 TO CANCEL.

STAGE	DATE / PIC	
Non-Reporting ltr (1st):		
Non-Reporting ltr (2nd):		
Non-Reporting ltr (Final):		
Notification ltr (if non-pickup):		
Call OI: 13/2/2019		
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) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : Front to rear
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:	