15/5/2010

INS. CASE OWNER: CC4 / AG 1900 3142 / EQA3 | LKK: | IDAC: LIABILITY

ASSIGNMENT

Surveyor: STEVE DOI: 26/3/19 Date / Time : 18/7/19

Registered in Merimen: 19/2/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SLW 4092U Claim No. :

Name of Insured : Ong Chew Meng Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 25/1/19 Place of Accident :

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**

SMC 1818 G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Yamaworks.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
14	SMC 1818 G - X ;
	SLW 4092U - c/o [illegible] ; DOA: 25/1/19
	Please verify DOA.
03-02-20	TO DENY HAVING CAUSED ANY DAMAGE TO T/P VEHICLE ARISING FROM ALLEGED ACCIDENT UNLESS THEY CAN PROVIDE EVIDENCE FOR OUR REVIEW.

Reject Case
By (staff) : Jia Le
Approved by : [illegible]
Date : 07-7-20.

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:	S$ (days)	Reduction: %	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:
Legal Cost	S$		3) Survey fee: $320
Total:	S$	**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:	