

INS. CASE OWNER:

Winnifred

CC

4, Asm

1900

3646 /

jas

LKK:

IDAC:

100789

## ASSIGNMENT

Surveyor:

DOI:

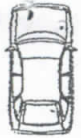
Date / Time:

26/2/19

Registered in Merimen:

Pre-assign / CCU / FTE

SLA 548P



Insured Vehicle No.:

Lee Guan Hiah

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

28/2/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SLZ 2422Z



INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

2/2  
July

SLZ 2422Z - X; SLA 548P - X

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:

13-6-19

RECEIVED VIDEO FROM TP BY  
EM - UPLOADED IN SMART.  
TP CUTTING LANE.

28-06-19

CANCEL. NO SURVEY DONE.  
TP AT FAULT.

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. : NIL

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

VIDEO SHOWED TP CUTTING  
LANE.



## REJECT TP CLAIM

Type

🔗 Question

Message

Hi Joy, as per TP video, TP was following front white vehicle to change lane. OI was travelling within his lane, hence pls reject TP claim. Tks

Reply



## RE: REJECT TP CLAIM

Type

🔗 Question

Message

Hi Winnie, noted. We will cancel the claim file since there is no survey done to TP vehicle. Thank you. -Joy  
LKK

Reply