

INS. CASE OWNER:

CC 3 / ALA 1900 5347 / M 14/19

LKK:

IDAC:

Supervisor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

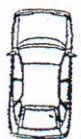
If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: % Final ? Yes / No

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

Date/ Time

SME 40502 - X; ER 8080 L - X

MY OVR sent out 1st letter

24/4 sent 1st AR letter to OI
24/4 1st AR → 2.54
10/05 OI GIA Report InSpoke to OI, OI want to know the claim amount,
send letter to OI.

6/6/14 pending survey / workshop still arranging

14/10/14 File pass to mei team to close
klunchan

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: 10/5/2014

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:

Repair Cost:

P/P S\$ 2,023.70 (3 days) Reduction: 36 %

Confirm by:

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with Caroline

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.: 23

Repair Cost:

(w/ GST)

S\$ 2,165.36

If NO or B 28, Ass. Lia:

Loss of Rental (LOR):

S\$ -

(- days)

Loss of Use (LOU):

S\$ 180

(\$ 60 x 3 days)

Loss of Income (LOI):

S\$ -

(\$ - x - days)

LOR only ☐LOU only ☒LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search

S\$ 2.00

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 2,347.36

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$ 220

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 2,347.36

Name 1:

PERFORMANCE MOTORS LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: