15/5/2010

INS. CASE OWNER: CC 6/CTI1900 5543, KKB3

LKK:

IDAC:

ASSIGNMENT

Surveyor: KSL DOI: 24/7/19. Date / Time : 24/7/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SJC 4176K

Name of Insured : NEO CHIE BOON

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : NEO TECK BAN'

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

Claim No. :

Policy No. : DMPCSN1765801700

Make / Model : PEUGEOT

D.O.A : 6/7/19

Place of Accident : OPEN UP AT BIK 661 & 3 LOR 4 TOA PAYOH

Nature of Accident :

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

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

SFR 6871X →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Guan Motor.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SFR 6871X ~X SJC4176K
	- FINALISED
19/09/19	- FILE REVIEWED. ECH REVIEWED. SEND LETTER TO GUAN TO OI TO NOTIFY TP CLAIM & NCD ISSUED.
23/09/19	- OI INSTRUCTED TO REBOOT CLAIM.
24/09/19	- FAX TO TP TO REBOOT CLAIM
	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : VIC
Date : 24-09-19

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:	19/09/19 - VIC

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: 28/03/19 Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/G S$ 1,300.00 (3 days) Reduction: 42 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		(BOTH REVERSED)
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	($ x days)	NO SETTLEMENT REBOOT OF CLAIM
Loss of Income (LOI):	S$ —	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [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: $400.00
Total:	**S$** —	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$ —	Name 1: —	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	