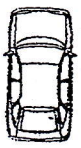
15/5/2010

INS. CASE OWNER: | C S / EG1.8016913 / TJ231 | LKK: IDAC:

ASSIGNMENT

Surveyor: MH DOI: 19/9/18 Date / Time : Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : YN9358P

Name of Insured : Kallech Eng. & Refrigeration P/L

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 6/9/18

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

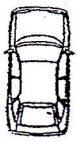
Place of Accident :

Nature of Accident :

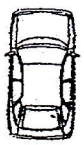
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

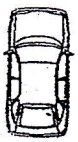
SLX 23426 →



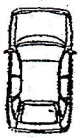
INSRS:
WSP: Tan Chong.
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
MH by	SLX 23426 X ; YN9358P X
	50:50 ; PEND EVIDENCE.
21/08/19	- SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.
27/02/2020	- TP CONFIRMED CLOSE CASE. OWNER DO REPORTING ONLY EMAIL TO ERGO TO SUBMIT WP REPORT.
	- TO CLOSE.

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:	21/08/19

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: 25/08/18 Sent By: KS

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 50 (Agreed / Assessed)	BOLA S/N No. : NIL
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$**	**Global Sum S$:**

If NO or B 28, Ass. Lia : MERGING CASE NO SETTLEMENT TP DO REPORTING ONLY

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP REPORT

3) Survey fee: ~~$100.00~~ (PAID)

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:	—

COPY SENT 27/2/2020