15/5/2010

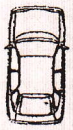
INS. CASE OWNER: SHOKCINI | CC 4/1111900 6165 / 663. | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 8/4/19

Registered in Merimen: 8/4/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SHD 3027Z | Claim No. : _____

Name of Insured : LTL | Policy No. : MCMOOIS

Insured Tel No. : _____ HP: _____ | Make / Model : HYUNDAI

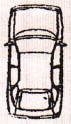
Excess Sec II :S$ _____ D.O.A : 2/4/19. | Place of Accident : KIM PONG RD.

Is driver the owner? (YES / NO) | Nature of Accident : _____

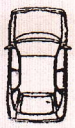
If **NO**, Driver Name / Age : TAN KAI SOON MALE. | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

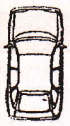
PC2497Y → _____ → _____ → _____



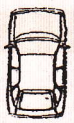
INSRS:
WSP: SIN CHENG
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	PC2497Y-4 SHD 3027Z -X
11/04/19	- PLUS REQUIRED. BOTH TURNING @ JUNCTION. CODE LIABILITY MANDATES.
16/05/19	- OI VIDEO UPLOADED IN MERIMEN BY III - III INSTRUCTED TO REBOOT CLAIM
16-05-19	- EMAIL TO TP TO REBOOT CLAIM - TO CANCEL CASE.

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 ☐ Cal ☐
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —			(BOTH TURNING)
Loss of Rental (LOR):	S$ —	(days)		
Loss of Use (LOU):	S$ —	($ x days)		
Loss of Income (LOI):	S$ —	($ x days)		CANCELLED NO SURVEY
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:
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: —	