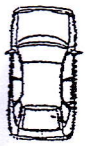
15/5/2019

INS. CASE OWNER: | CC 3 / QBE 1900 6930 / KGb3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 17/04/19 Date / Time: 17/4/19

Pre-assign / CCU / FTE Registered in Merimen: —



Insured Vehicle No. : SFS 7777 A Claim No. : VU1XT00

Name of Insured : EVERISE WAREHOUSING & TRANSPORTATION PTE LTD Policy No. : 8-VOV1398-MVA-R02

Insured Tel No. : HP: Make / Model : MERCEDES

Excess Sec II :S$ D.O.A : 14/4/19 Place of Accident : DAIRY FARM RD

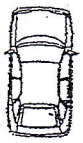
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : TAN KOCK LOO

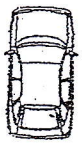
Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

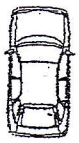
SHD 39Z →



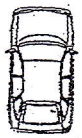
INSRS:
WSP: Trancab Auto
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHD 39Z - CS/FC1090 28195/DLh - DOA 11/12/2009 SFS 7777A - X
	~~Video Footage~~
21/6/19	Called QZD on TP claim, QZD will provide us with video footage
	- POTENTIAL REJECT IF TP NO GUIDANCE - TP TURNING, OD GOING STRAIGHT - OI VIDEO IN.
10/9	checked w Wai Yin - TP no video. informed him OI got video. To write objection email.
	- BUMIL TO QBE FOR REJECTION
10/9/19	- QBE APPROVED REJECTION
	- BUMIL TO TP TO DRAW CLAIM.
	- TO CLOSE.

Reject Case
By (staff) : VLC
Approved by : 10/09/19
Date :

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:	21/06/19 - SUNWAY - OK

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: 22/04/19 Sent By: bb

FINALIZATION Date/Time: Confirm with: Confirm by:

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

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

Final Liability: % 0% (Agreed / Assessed) BOLA S/N No. : 5

If NO or B 28, Ass. Lia : OI VIDEO IN GOING RIGHT ON OI

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$:	

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $400.00

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:	