15/5/2010

INS. CASE OWNER: | CC 4/QBE1900 7392 / Ag/b3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian | DOI: 25/4/19 | Date / Time : 25/4/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKH 8976D		Claim No. : VC012515	
Name of Insured : FOH ENG SENG		Policy No. : 8-VVV20369-MA	
Insured Tel No. :	HP: 96784774	Make / Model : BMW	
Excess Sec II :S$	D.O.A : 16/4/19	Place of Accident : PIE Twd LHAWA11	
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO. Driver Name / Age :		OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SLS 8971C → → →

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

Date/ Time	
	SLS8971C-D SKH8976D-E
13/08/19	- FILE REVIEWED. OI CHANGED LANE. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES. - FINALISED
15/08/19	- TYPE REPORT WHILE PENDING TP LOD
17/09/19	- QBE RECEIVED TP LOD. - QBE WILL HANDLE SETTLEMENT. - SUBMIT WP REPORT

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:	13/08/19-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: 26/04/19 Sent By: b3

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/D S$ 10,576.10 (5 days) Reduction: 36 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia : (OI CHANGED LANE)
Repair Cost:	S$ —		NO SETTLEMENT QBE WILL HANDLE SETTLEMENT
Loss of Rental (LOR):	S$ —	(days)	
Loss of Use (LOU):	S$ —	(S x days)	
Loss of Income (LOI):	S$ —	(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: WP REPORT
Legal Cost	S$ —		3) Survey fee: $400.00
Total:	**S$** —	**Global Sum S$:**	

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: —	