15/5/2010

INS. CASE OWNER: | CCb /LPC1900 8617 / AK63. | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 14/5/19 Date / Time : 14/5/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKP 4088G.	Claim No. :	18/1A1/19/VPUS/047383
Name of Insured :	GOH KHAN GUAN.	Policy No. :	Z18VPU06/A9/19.
Insured Tel No. :	HP:	Make / Model :	NISSAN.
Excess Sec II :S$	D.O.A : 10/5/19.	Place of Accident :	JLN JURONG KECHIL

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**

CB 6841D → → →

INSRS: WSP: WHT. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	CB 6841D } SKP 4088G } MA (LPC1900 8617) (WEP own - 10/5/19.
	- FINALISED
	- TO RESBOT
	- OI VIDEO FROM LPC. V/VIC/SKP4088G
07/10/19	- EMAIL TO LPC TO RESBOT CLAIM
08/10/19	- LPC APPROVED TO RESBOT
	- EMAIL TO TP TO RESBOT CLAIM
	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : Vm
Date : 08-10-19

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:	

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: LG S$ 3,000.00 (5 days) Reduction: 78 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : OI VIDEO IN RESBOT NO SETTLEMENT
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 + 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 ☐ Call ☐
Payee 1:	S$ —	Name 1: —	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	