15/5/2010

INS. CASE OWNER:

CC 4/QBE1900 8745 Mg63

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS

DOI: 17/5/19

Date / Time : 16/5/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : XE 4382K

Name of Insured : STAR READY MIX PTE

Insured Tel No. :

HP:

D.O.A : 11/5/19

Excess Sec II :S$

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : WONG HONG YONG

Driver Tel No. :

(V/L: YES / NO)

Claim No. : VC01558

Policy No. : 8-V001958-MVA

Make / Model : MITSUBISHI

Place of Accident : SUNGEI KADUT ST 6

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

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

SKY 9301L →

INSRS: ABWIN
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKY 9301L - A XE 4382K - A
9/7/19	- Send LOI. File pass R7 type report. - TP LOD IN
17/06/19	- QBE INSTRUCTED TO SUBMIT WP REPORT. - TO CLOSE CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non pickup):	
Call OI:	CPL 9/7/19
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: Confirm by:

Email ☐ Call ☐

FINALIZATION Date/Time: Confirm with:

Repair Cost: 45 S$ 2150.00 (4 days) Reduction: 82 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with

			If NO or B 28, Ass. Lia :
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 22	OI reverse hit TP vehicle.
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	NO SETTLEMENT
Loss of Use (LOU):	S$ —	(S$ x days)	WP REPORT
Loss of Income (LOI):	S$ —	(S$ x days)	QBE WILL HANDLE SETTLEMENT
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$ —		1) Claim status: Normal/Reject/Private Settle
Medical:	S$ —	(e.g. Tow/ Independent)	2) Report Format: WP REPORT
Disbursement:	S$ —		3) Survey fee: $300.00
Legal Cost	S$ —		
Total:	S$ —	**Global Sum S$:**	Email ☐ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—