15/9/2010

INS. CASE OWNER: LOH CHEE HENG | CC 4 /AIG1900 8907 / h 4h | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 17/5/19

Registered in Merimen: 21/5/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SGL 3930 A		Claim No. :	5647087114G
Name of Insured : Um Him		Policy No. :	1800038429.
Insured Tel No. :	HP:	Make / Model :	KIA
Excess Sec II :S$	D.O.A : 16/5/19.	Place of Accident :	SLE B4 SEMBAWANG FLYOVER.
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age : LEE PHUI KUAN' — Driver Tel No. : (V/L: (YES) / NO)

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

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

GBE 4437H → ______ → ______ → ______

INSRS: WSP: Cheng Tel : Liability : Hol RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBE 4437H - 1 SGL 3930A - 1
05/11/19 @ 11:21AM	- FILE REVIEWED. OI REAR-END TP. SEND LETTER via EMAIL TO OI. TO NOTIFY TP CLAIM via NCD ISSUES. - EMAIL LIABILITY CLEAR.
29/9/2020	no survey done, 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:	05/11/19 - 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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

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

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28. Ass. Lia : (OI REAR-ENDED TP)
Repair Cost:	S$	
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 + LOI ☐ **[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 ☐ Call ☐

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