INS. CASE OWNER: | CC 6/111 1900 8971, Ajga3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: lmp DOI: 21/6/19 Date / Time: 22/6/19

Pre-assign / CCU / FTE Registered in Merimen: 22/6/19

Insured Vehicle No. :	SHA7915P	Claim No. :	
Name of Insured :	OTPL	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 16/05/2019	Place of Accident :	
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

GPX

SJJ8432M →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Green Forest.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJJ8432M - NA/M1200 3263/ML ; DOA: 15/7/12
	SHA7915P. C6/MSH1800 6036/PNA3N2 ; DOA 6/4/18
4/6/19	- Seeked video from TP.
	- File transfer to CPL
8/7/19	- OI AVP uploaded. Potential rejection. Seek approval from 111 to reject. (Pending approval).
	PIC: Cecilia
6/8/19	- Rejection email send TP.
	TP disagree in rejection, however 111 maintaining rejection base on Bola S14
24/8	Email TP rejection maintained.
22/10	- TO notify TP rejection maintain as instructed.
16/12	- Pending TP new chop & sign. (Pending est list. to get from Adrain).
	[illegible]

Reject Case
By (staff) : Cecilia
Approved by : Yu
Date : 17-12-19

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:	S$ 7700.00	(10 days) Reduction: 17,670-05 %: 63	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 : (CONFLICTING VERSIONS) OI driving straight, TP moving out from stationary.
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$		1) Claim status: Normal/Reject/Private Settle... Reject.
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: $450-
Total:	S$	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:	