INS. CASE OWNER: CC 3/ CTI 1900 9378, Kha3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth | DOI: 24/5/19 | Date / Time: 24/5/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMG 5419C	Claim No. :	
Name of Insured :	SIN GUILI	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A: 22/5/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age :

Driver Tel No. : (V/L YES / NO)

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

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

SHB 9872K → → →

INSRS:
WSP: Trans-cab
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHB9872K - CSlmSG170 24707/1c96n2; ~~009~~-24/7/19
	SMG5419C - X
	- FINALIZED.
	- ORIGINAL TP LOD IN
24/6/19	Called OI to inform TP claim. OI mentioned she has video evidence which was sent to ~~CS~~ CTI, will ~~retr~~ retrieve the video footage ~~from our end~~ from CTI ~~before we~~, letter sent.
	- OI SCENE PHOTOS IN
	- REQUESTED OI VIDEO THRU CTI.
	- OI VIDEO IN. V PRIVE/VIC/SMG 5419C
	- TO REJECT CLAIM
04/07/19	- EMAIL TO CTI FOR REJECTION APPROVAL
30/07/19	- CTI AGREED REJECTION.
	- SEND REJECT EMAIL TO TP.
	- TO CLOSE.

Reject Case
By (staff) : Vic
Approved by : Yu
Date : 30/7/19

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:	24/06/19 - Shirley

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: 30/05/19 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LIG S$ 1,850.00 (2 days) Reduction: 92 % Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time: Confirm with	Email [ ] Call [ ]
Final Liability:	% 0% (Agreed / Assessed) BOLA S/N No. : - NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	(OI VIDEO IN)
Loss of Rental (LOR):	S$ – (days)	TP TURNED TOO
Loss of Use (LOU):	S$ – ($ x days)	EARLY
Loss of Income (LOI):	S$ – ($ x days)	NO SETTLEMENT
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: $ 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:	–