15/5/2010

INS. CASE OWNER: Jenny.

CC3/CTI19009495/Kpa3q2 P

~~CC3/CTI19009495/Kpa3q2~~

LKK:

IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 15/5/19 Date / Time : 15/5/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GU 9568B.

Name of Insured : UZROZ FREIGH & TRADE SERVICES.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 15/5/19.

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : WAHI SAMIR.

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

Claim No. : SNM19D202414

Policy No. : DMCVSR 211855 7802.

Make / Model : MSSAN.

Place of Accident : ECP

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

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

SHC 5005T →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans CAB	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHC 5005T – X GU 9568B – X
	→ OI mating cross claim/counter claim → to request video
15/8/19	called OI. No answer.
14/1/22 –	TP no response since 10/1/21 – submit up to CTI.

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:	7/8/19

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: 4 sum S$ 6100.00 (4 days) Reduction: 88 % Email ☐ Call ☐

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

Final Liability:	% 50% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : (SIDE SWIPE)
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 (NP)
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: #350.00
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:	