15/5/2010

INS. CASE OWNER: CC4 /EGI1900 9604 , E663 | LKK: | IDAC:

ASSIGNMENT

Surveyor: GEVE | DOI: 7/6/19. | Date / Time : 29/5/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YN7433T | Claim No. :

Name of Insured : BETA NEWELL SUPPLIES & TRADING LO DN | Policy No. : DMEG1900004690.

Insured Tel No. : | HP: | Make / Model : MITSUBISHI

Excess Sec II :S$ | D.O.A : 28/5/19. | Place of Accident : JLN GELANG

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

If **NO**, Driver Name / Age : SEE HUP BOON | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : | (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

GBG8917. → → →

INSRS: WSP: TC Tel : Liability : RMKS:

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Date/ Time	
	GBG 8917 - K YN7433T - K
20/09/19	- FILE REVIEWED. OID LEFT CO. BOSS REPORTED, NOT AWARE OF THE ACCIDENT.
	- EMAIL TO TP FOR GUIDANCE
	- TP REPORTED GOING STRAIGHT WHEN OID MOVED OUT FROM SIDE ROAD.
12/10/19	- ERGO INSTRUCTED TO SUBMIT WP REPORT & INVOICE
	- TO CLOSE.

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:	20/09/19 - VFC

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: 10/06/19 Sent By: b3

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 5,994.66 (8 days) Reduction: 8 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	NO SETTLEMENT WP REPORT
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
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —		3) Survey fee: $ 350.00
Total:	**S$** —	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$ —	Name 1: —	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	