15/5/2010

INS. CASE OWNER: Ahmad | CC 3 /AIG1600 4F063 / Kh93. | LKK: IDAC: /AIG1600

ASSIGNMENT

Surveyor: Kenneth. DOI: 29/2/16. Date / Time : 29/2/16

Registered in Merimen: 2/3/16.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKV 7054C	Claim No. :	30312011315G.
Name of Insured :	Kim Li San Angela	Policy No. :	21004 21300
Insured Tel No. : HP:	98915586	Make / Model :	Mazda Biante
Excess Sec II :S$ D.O.A :	28/2/16	Place of Accident :	Open carpark infront of Blk191 Lor 7oa Payoh.
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**

SHF6169 → ____ → ____ → ____

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

Date/ Time	
8/4/16	SHF6169 - C&P 1402073 21Kq5b12 DUR 19/10/16
	SKV 7054C - X
N/C.	
	- FINALIZED.
080416 @ 11.09AM	CALLED OI NO ANSWER.
110416 @ 11:31AM	CALLED OI NO RESPONSE.
120416 @ 3.18PM	CALLED OI NO RESPONSE.
	- LETTER SENT TO OI
	- FOR BULK SETTLEMENT
14/07/16	- RTM @ TC. KIV FOR DOCS.
	KIV
17-10-7	WHAT O/I DESCRIBED IS RIGHT I DO NOT THINK O/I NEED TO CHANGE OR CUT LANE WHICH IS ONE WAY DRIVEWAY. 2 MINOR WAYS ON THE RIGHT ARE MEANT FOR EXISTING NO ENTRY. PLEASE CHECK WITH O/I'S COUNTER CLAIM STATUS. I BELIEVE 50% AS BOTH PARTIES WITHOUT EVIDENCE & CONFLICTING VERSIONS.
17/10/17	- TEMP. CLOSE. TP INACTIVITY

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	13/4/16 - ASHER,
After call ltr to OI:	Susan B14

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: 131	S$ 744.82 (1.5 days)	Reduction: 90 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : NIL (SIDE SWIPE)	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	"SETTLED, TP INACTIVITY"
Loss of Use (LOU):	S$	($ x days)	SUBMIT WP REPORT
Loss of Income (LOI):	S$	($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	COPY SENT 17/10/17
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: $320.00
Total:	S$	**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: –	