A663

INS. CASE OWNER: | CC 4/AIG1900 9984, [struck out] | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN | DOI: 10/07/19 | Date / Time: 4/6/19 | Registered in Merimen: 6/6/19.

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKR 4314T.	Claim No. :	6071VM1056
Name of Insured :	CHEE WERN LING.	Policy No. :	1900003062
Insured Tel No. :	HP:	Make / Model :	VOLKSWAGEN
Excess Sec II :S$	D.O.A : 30/5/19.	Place of Accident :	CHANGI T2
Is driver the owner? (YES / NO)	Nature of Accident :	OI GIA REPORT: (YES) / NO	TP GIA REPORT: (YES) NO
If NO, Driver Name / Age : CHEE KENG SOON	(V/L: (YES) NO)	Insured Liability : %	Final ? Yes / No
Driver Tel No. :			

SFP 2382D →

INSRS: WSP: preuse Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFP2382D – X SKR4314T – X
	- NO OI GIA, SENT OUT 1st LETTER.
	- 3I GIA REPORT IN
14/06/19 @11:12AM	- OI CALLED IN. WILLING TO SETTLE PRIVATELY. NO REPORT LODGE IN YET.
18/06/19	- OI SENT IN EMAIL. TP REFUSED TO DO P/S. ADVISED OI TO DO GIA REPORT.
20/06/19	- HCE REVIEWED. OID COLLIDED TO A PARK TP VEHICLE. SEND LETTER 4 EMAIL TO OI.
	EQUAL LIABILITY CLAIM
09/07/19	- OID CALLS DOWN. TAKE PHOTO OF OI CAR. OI PHOTOS P/V10/SKR4314T.
	- OID WANTS TO KNOW COR.
22/01/2020	- OI 4 TP SETTLED MUTUALLY.
	- SUBMIT WP REPORT

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	14/06/19 - VIC
After call ltr to OI:	25/06/19 - VIC

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: Email ☐ Call ☐

Repair Cost: 4S S$ 1,550.00 (4 days) Reduction: 58.40 %

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

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 23
Repair Cost:	S$ –	
Loss of Rental (LOR):	S$ –	(days)
Loss of Use (LOU):	S$ –	(S x days)
Loss of Income (LOI):	S$ –	(S x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ [Tick only one]
GIA/LTA Search	S$ –	
Medical:	S$ –	
Disbursement:	S$ –	(e.g. Tow/ Independent)
Legal Cost	S$ –	
Total:	S$	**Global Sum S$:**

If NO or B 28, Ass. Lia : COID HIT PARKED TP) NO SETTLEMENT OI 4 TP MUTUALLY SETTLED

1) Claim status: ~~Normal/Reject/~~Private Settle
2) Report Format:
3) Survey fee: $250.00

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:	–