15/5/2010

INS. CASE OWNER: CC 4/EGI1900 1046, EHB3

LKK:

IDAC:

ASSIGNMENT

Surveyor: STEVE DOI: 7/6/19. Date / Time : 6/6/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 827B.

Name of Insured : SAI GREEN LANDSCAPE PTE

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 1/6/19.

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

If **NO**, Driver Name / Age : PANDIAN GUNASEELAN

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

Claim No. :

Policy No. : DMCG1900077.

Make / Model : MITSUBISHI

Place of Accident : WOODLANDS RD TO BRADDELL RD

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

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

EZM → → →

INSRS: WSP: Tel : Liability : RMKS: WEAMLS.

INSRS: WSP: Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	EZM – K YP 827M – K
	– ERGO MAINTAIN 30%
11/06/19 @ 3:54PM	– CALL OI CO. SPOKE TO OI PIC MR. BALA. INFORMED ABOUT TP CLAIM, AGREED TO SETTLE AT DEBT AND ALWAYS NCD ISSUE.
23/09/19	– SPOKE TO CHRISTINE (TP), CONFIRMED OWNER CONVERTED TO OD CLAIM.
	– EMAIL TO ERGO TO SUBMIT WP REPORT.
	– TO CLOSE

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	11/06/19 - VIC
After call ltr to OI:	

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: BB

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

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

Final Liability: % (Agreed / Assessed) BOLA S/N No. : NIL

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$ –

Disbursement: S$ – (e.g. Tow/ Independent)

Legal Cost S$ –

Total: **S$** **Global Sum S$:**

If NO or B 28, Ass. Lia :

NO SETTLEMENT TP CONVERTED TO OD WP REPORT

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP REPORT

3) Survey fee: $350.00

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:	–