15/5/2010

INS. CASE OWNER: Kitty. | CC 4 ~~/AXA~~ ASM 1900 10062/A 9/6b. | LKK: / IDAC:

ASSIGNMENT

Surveyor: Adrain. DOI: ______ Date / Time : 7/6/19.

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKF 477X	Claim No. :	samo7px8 / 110372
Name of Insured :	KHOO RAYMOND SIAN HING.	Policy No. :	GA10967711
Insured Tel No. :	HP:	Make / Model :	Lexus.
Excess Sec II :S$	D.O.A : 26/4/19.	Place of Accident :	JLN BENAAN KAPAL AFTER LAMP POST NO 2
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :	ADELINA KHOE SIEW KHIM.	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

EP182X → ______ → ______ → ______

INSRS: WSP: success united Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	EP182X — X SKF477X — X
14/6	Liability unclear send TP. Req AVF.
17/6	TP AVF in however AVF unable to prove of squeeze thru & happen not at merging lane.
23/7/19	call OI & OID no answer. Send LOI.
	OI return call. Inform TP claim & NCD issue. Agreed to settle @ best.
	Inform TP on 50/50 settlement on 17/6/19.
12/11/2020	TP REPAIRER INFORM THAT THEIR CLIENT DID NOT REPAIR THE VEHICLE. SUBMIT WP. ADMIN TO CLOSE

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	QL
After call ltr to OI:	23/7/19

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: P/P	S$ 250.00 (2 days)	Reduction: 330.00 % 57	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 18	If NO or B 28, Ass. Lia :
Repair Cost:	S$		Merging Lane.
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
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**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:	