15/5/2010

INS. CASE OWNER: CC 4/EGI1901 0411 / KH63. | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 17/6/19. Date / Time : 11/6/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SEH 6298X Claim No. :

Name of Insured : IVY DATE PING LEOW-CA Yrs. Policy No. :

Insured Tel No. : HP: Make / Model : BMW

Excess Sec II :S$ D.O.A : 8/6/19. Place of Accident : GRANGE RD

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**

SHD 9271J. → → →

INSRS: WSP: Trans Cab Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD9277J-X SEH6298X-X
	- OI TO AMEND TP VEH-# ON GIA
	- TP LOD IN BY 8/JULY.
18/6/19	Called X OI to inform TP claim
24/07/19	- ERGO RECEIVED TP LOD. REQUEST SURVEY REPORT.
	- SUBMIT WP REPORT
	- ERGO WILL SETTLE

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:	18/06/19 - SUMMY

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/L S$ 1,300.00 (2 days) Reduction: 95 % Email ☐ Call ☐

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

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27 -
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 : COI REMAIL-ENDOD TP

NO SETTLEMENT
WP REPORT
ERGO WILL HANDLE

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:	—