15/5/2010

INS. CASE OWNER: chin Khat | CC 6 CTI /~~AIG~~1901 0986 / Uf603 | LKK: IDAC:

ASSIGNMENT

Surveyor: marcus DOI: 24/6/19 Date / Time : 24/6/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SKN 5282R		Claim No. :	SWM19D1029721 LOSS
Name of Insured : MUNUSAMY KATHIRESON		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	MERCEDES.
Excess Sec II :S$	D.O.A : 14/6/19	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : K SURENTHAREN		OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

FBN 5461Y. →

INSRS: WSP: Tel : BMH Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	FBN5461Y – X SKN5282R – A
17/07/19	– TP INFORMED OI SETTLED PRIVATELY WITH THEM. TP WITHDRAW CLAIM.
	– EMAIL TO OTI TO INFORM TP WITHDRAW CLAIM
	– 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:	
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: 25/06/19 Sent By: VS

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. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	TP WITHDRAW CLAIM
Loss of Use (LOU):	S$ — ($ x days)	OI SETTLED PRIVATELY
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 REPORT
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:	—