

INS. CASE OWNER:

CC 4/AIG1901 2005, d/b3

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : 8/7/19.
Registered in Merimen: 8/7/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SGP 1313Z
Name of Insured : TAN TECK CHONG
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : Artin.
Is driver the owner? (YES / NO) Nature of Accident : _____

Claim No. : _____
Policy No. : _____
Make / Model : _____
Place of Accident : _____

If NO, Driver Name / Age : _____
Driver Tel No. : _____ (V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No

SFE 5757M



INSRS:
WSP: Liam Hong Seng.
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____



INSRS:
WSP: _____
Tel : _____
Liability : _____
RMKS: _____

Date/ Time	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:	<u>> 12/7/19</u>
	Documentation Check List:	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

15-07-19

TIP FAILED TO FOLLOW THE RIGHT OF WAY, CAUSING THE COLLISION IS THE PROXIMATE CAUSE OF ACCIDENT. SO TO REJECT FIRST (SEE COMMENT)

24/7/19 - FILE PASS TO LSP TO CLOSE

- NO SURVEY

Reject Case
 By (staff) : CARLO CHEE
 Approved by : [Signature]
 Date : 24-07-19

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

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)

Loss of Use (LOU): S\$ _____ (S _____ x _____ days)

Loss of Income (LOI): S\$ _____ (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\$:

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: _____

CANCEL CASE

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