15/5/2010

INS. CASE OWNER: CC 6, LPC 190 13144, Uha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARUS DOI: 26/7/19 Date / Time : 26/7/19

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. : SJV 1929E

Name of Insured : Yeo Ah Chye

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

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

Driver Tel No. :

Claim No. :

Policy No. :

Make / Model :

D.O.A : 11/07/2019

Place of Accident :

Nature of Accident :

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

(V/L: YES / NO)

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

SJJ 9477R → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Tan Lim	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SJJ 9477R } NR/INC 190 127375/24 : DOA: 11/7/19
	SJV 1929E } C33/INC 13000999/CV : DOA: 13/7/19
	- FINALISED.
	- TP PROPOSED 00/50.
29/07/19	- OI REPORTED HE WAS DRIVING STRAIGHT & TP FILTERED IN.
	- TP REPORTED HE INCHED OUT ON OI LANE.
	- SEEK RESTITUTION APPROVAL TO LPC.
	- LPC WILL REJECT TP CLAIM
	- SUBMIT REPORT
	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : Yu
Date : 29-07-19

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: 29/07/19 Sent By: 93

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: p/b S$ 1,000.00 (3 days) Reduction: 74 % Email ☐ Call ☐

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

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	TP FILTERED LANE
Loss of Rental (LOR):	S$ — (days)	LPC WILL SEND RESTITUTION
Loss of Use (LOU):	S$ — ($ x days)	NO SETTLEMENT
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [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:
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:	—