15/5/2010

INS. CASE OWNER: CC 4/EGI1901 3254, Khh. G | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kinachi. DOI: 30/7/19. Date / Time: 30/7/19.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : YP 3556M. Claim No. : CDMCGI9001539/PX/JC

Name of Insured : SL METAL PTE Policy No. : DMCV1850185233.

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

Excess Sec II :S$ D.O.A : 25/7/19. Place of Accident : ADMIRALTY LANE

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : MAZARI BIN SUKAT. OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

GBE 7529X → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: YCL	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : PNTO.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GBE7529X – X YP3556M – X
	– POSSIBLE 2 TP CLAIM
16/08/19	– FILE RETURNED. OLD REPORTED THAT ALUMINIUM ROD ON VEHICLE, NOT PROPERLY TIED UP AND HIT 2 VEHICLES. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES
29/01/2020	– TYPE REPORT WHILE PENDING TP LOD – REPORT DONE – ERGO INSTRUCTED TO SUBMIT WP REPORT
11/02/2020	– SUBMIT WP REPORT – NO SETTLEMENT

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:	16/08/19 - VIC

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: 01/08/19 Sent By: bb

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: NS S$ 3,100.00 (5 days) Reduction: 63 % Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : COI OBSCOT HIT TP)
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ — ($ x days)		NO SETTLEMENT
Loss of Income (LOI):	S$ — ($ x days)		WP REPORT
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		ERGO WILL HANDLE
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: $350.00
Total:	**S$** — **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:	—