INS. CASE OWNER: CC 6 /III1901 3496, Uda 9

LKK:
IDAC:

ASSIGNMENT

Surveyor: Marcus
DOI: 1/8/19
Date / Time : 1/8/19
Registered in Merimen: 1/8/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 4193 U.
Name of Insured : CTPL
Insured Tel No. :
HP:
Excess Sec II :S$
D.O.A : 21/7/19.
Is driver the owner? (YES / NO)
Nature of Accident :
If NO, Driver Name / Age : TAN TEOW SENG
Driver Tel No. :
(V/L: YES / NO)

Claim No. :
Policy No. : Merimen
Make / Model : HYUNDAI
Place of Accident : T-Junc Lor 25 Geylang.
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Insured Liability : %
Final ? Yes / No

SKA 7763X

INSRS:
WSP: Choo motor
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKA 7763X – X
	SHB4193U – NS/MV1900589/NSd332 DM – 21/1/19.
5/8/19	Seek liability via Merimen.
6/8/19.	liability clear via merimen
18/10	– File pass RI type report.
21/10	– Pending mandate approval (approved).
29/10	– Offer $4700/- (Pending acceptance).
30/10	– Settle @ $4700, File pass SU to send DV.
26/12	– File pass to LSP to close.
13/1	– Re-settle @ $4700. DV re-send (Pending original DV & LOD).

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)	X	
After call ltr to OI:	X	
Authorisation To Act:	✓	
Release Voucher:	✓	
Final Repair Bill:	✓	
Car Rental Invoice:	✓	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	✓	
LOD	✓	
Payment Breakdown Form:		
Post-Repair Photos:	X	
Others:	X	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Marcus.
Email ☐ Call ☐
Repair Cost: LS S$ 4000.00 (6 days) Reduction: $4169.30 % 70

FINAL SETTLEMENT Date/Time: 30/10/19 Confirm with Jason.
Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27.
If NO or B 28, Ass. Lia :
Repair Cost: S$ 4000.00
Loss of Rental (LOR): S$ 700.00 (7 days) x $100
Loss of Use (LOU): S$ – ($ x days)
Loss of Income (LOI): S$ – ($ x days)
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**
GIA/LTA Search S$ –
Medical: S$ –
Disbursement: S$ – (e.g. Tow/ Independent)
Legal Cost S$ –
Total: S$ 4700.00 **Global Sum S$:**

COPY SENT 4/10/19

1) Claim status: Normal/Reject/Private Settle
2) Report Format: IR
3) Survey fee: $50/-

FINAL PAYMENT Date/Time: Confirm with:
Email ✓ Call ☐

Payee 1:	S$ 4700.00	Name 1:	Choo motor spray painter
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	