15/5/2010

INS. CASE OWNER: | CC 4 /EGI1901 4453 / B663 | LKK: IDAC:

ASSIGNMENT

Surveyor: Bryan DOI: 17/8/19 Date / Time : 19/8/19

Registered in Merimen: 19/8/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : XB 7771 S		Claim No. :	
Name of Insured : OR KIM PEOW CONTRACTORS P/L		Policy No. :	DM CAI 5U0 23540.
Insured Tel No. :	HP:	Make / Model :	MITSUBISHI
Excess Sec II :S$	D.O.A : 15/8/19.	Place of Accident :	TPE TWDS CHANGI
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : THOMSON	AMMAMEA(?)	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHA 4299D → ____ → ____ → ____

INSRS: WSP: Chummi Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHA4299D — AS/MCI900(?) KZ/DJSY(?) OM:17/8/19
	XB7771S — X
26/08/19	- FILE REVIEWED. OID HIT 2 VEHICLES. SEND LETTER VIA EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES. - FINALISED
24/09/19	[illegible] L/S 5200/- with 8 days [illegible]
08/10/19	- HLGO REQUEST TP LOD. - INSTRUCTED 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:	26/08/19 - OK

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 5200.00 (8 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : COND HIT 2 TPS
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	NO SETTLEMENT
Loss of Use (LOU):	S$ —	($ x days)	HLGO WILL HANDLE
Loss of Income (LOI):	S$ —	($ x days)	SETTLEMENT
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: $ 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:	—