LIABILITY.

15/5/2010

INS. CASE OWNER:

CC 6 /CTI1901 4691, AK43

LKK:
IDAC:

ASSIGNMENT

Surveyor: Allan

DOI: 20/8/19

Date / Time : 20/8/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GY 5872C

Name of Insured : OFFICE PRODUCTS ENGINEERING COMPANY

Insured Tel No. :

HP:

Excess Sec II :S$

D.O.A : 16/8/19.

Claim No. : SWM19DW3863

Policy No. : DMCVSW20MG2201

Make / Model : KIA

Place of Accident : TUAS RD ROUNDABOUT.

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age : PUA MENG HAT.

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

VBE 665 →

INSRS:
WSP: Hua Meng
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	VBE 665 — X GY 5872C — X
19-11-19	TO REJECT T/P CLAIM AS HE ENTER ROUNDABOUT FROM RIGHT LANE WHICH IS NOT RIGHT. (SEE MY COMMENTS)
	KTP Malaysian vehicle.
17/9/2020 Khanchana	Reject claim.

Reject Case
By (staff) : Khanchana
Approved by :
Date : 17-09-20

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: LIS S$ 8,600 (7 days) Reduction: 17,602.60/47% Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Call

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : 0
Repair Cost:	S$	(OD EXIT ROUNDABOUT)
Loss of Rental (LOR):	S$ (days)	Reject claim. surveydone
Loss of Use (LOU):	S$ (S x days)	
Loss of Income (LOI):	S$ (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: ~~$350~~ $400
Total:	S$ **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: