15/5/2010

INS. CASE OWNER: CC6/CTI19015123/Aha3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 27/08/2019 Date / Time : 27/08/2019

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SME 9201Y Claim No. : SNM19D2034Y4

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 21/08/2019 19:30 Place of Accident :

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SKB 2392P → → →

INSRS: WSP: NHT Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SKB 2392P - X SME 9201Y - X
03/09/19	- FILE REVIEWED. CONFLICTING VERSIONS. OLD REPORTED TP CUT LANE. OLD GOT VIDEO FOOTAGE. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & GET EVIDENCE.
	- EMAIL LIABILITY, UNCLEAR.
	- OI VIDEO IN. V|VIC|SME9201Y
	- TP OVERTAKING INSURED.
10/09/19	- EMAIL TO OI FOR REJECTION
	- FINALISED
10/10/19	- SEND PA TO OI
	- OI AGREED TO REJECT TP CLAIM
	- EMAIL TO TP REJECT CLAIM
	- 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:	03/09/19-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: 10/10/19 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/G S$ 2,300.00 (3 days) Reduction: 81 % 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 :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	
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$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $ 400.00
Total:	**S$** —	**Global Sum S$:**	

Reject Case
By (staff) : VIC
Approved by : 11-10-19
Code : 4

REJECT TP CLAIM

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:	—