

15/5/2010

INS. CASE OWNER:

LOH CHHANG

CC 6 / A1901 5555 /

h63.

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

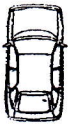
Date / Time:

3/1/19

Registered in Merimen:

3/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLH 3048R

Claim No.:

8680 83729854

Name of Insured:

WEE HOE PHENG ANDREW

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A:

21/8/19

Place of Accident:

Is driver the owner?

(YES) NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES NO

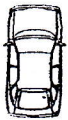
TP GIA REPORT: YES NO

Insured Liability:

%

Final ? Yes / No

SLK 2791L



INSRS:

WSP:

Tel:

Liability:

RMKS:

Mock

wnh.



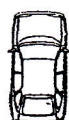
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLK 2791L -x		
	SLH 3048R -x		
	NO OI GIA	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
11/09	OI GIA Report in.	Documentation Check List:	Handler Typist
20/09/19	PLUS REQUIRED. CONDUCTING VISIONS. BOTH TURNING, ACCUSED EACH OTHER OF CUTTING CANE.	Notification ltr (if non-pickup)	
	BUMBL CIRCULARITY UNCLERK	After call ltr to OI:	
	OI VIDEO OVERTAKEN	Authorisation To Act:	
25/09/19	BUMBL TO OI FOR A 50/50.	Release Voucher:	
	OI DOESN'T WANT TO SETTLE. OI PREFERENCE TO CLAIM OWN INSURANCE HISTORY	Final Repair Bill:	
	BUMBL TO TP TO INFORM AS PER OI REQUEST.	Car Rental Invoice:	
		Towing Invoice:	
14/10/19	TP AGREED TO WITHDRAW IF OI ALSO WITHDRAW	LTA / GIA:	
	BOTH SIGNED MUTUAL SETTLEMENT FORM	Medical Bill:	
	TO CANCEL CASE.	PIR:	
		Mandate/Reject Instruction:	
		LOD	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	
PRELIMINARY ADVICE Date/Time: Sent By:			
21-10-19 CANCEL FILE, NO SURVEY DONE			
FINALIZATION Date/Time: Confirm with: Confirm by:			
Repair Cost:	S\$	(days) Reduction:	%
		Email	Call
FINAL SETTLEMENT Date/Time: Confirm with: Email: Call:			
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	NIL
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 + LOU
[Tick only one]			
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
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:	

CONDUCTING VISIONS
BOTH SIGNED MUTUAL FORM
CANCELLED
NO SURVEY DONE