15/5/2010

INS. CASE OWNER: LOH CHEE HONG | CC 6 / AIG 1901 5555 / hbh. | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 3/A/19

Registered in Merimen: 3/A/19.

Pre-assign / CCU / FTE

Insured Vehicle No. : SLH 3048R — Claim No. : 8680 8379 856

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

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

SLK 2791L → _____ → _____ → _____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Mock	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Wah.	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLK 2791L → SLH 3048R →
	- NO OI GIA
11/09	OI GIA Report in.
20/09/19	- FILE REVIEWED. CONFLICTING VERSIONS. BOTH TURNING, ACCUSED EACH OTHER OF CUTTING LANE.
	- EMAIL LIABILITY UNCLEAR
	- OI VIDEO OVERWRITTEN
25/09/19	- EMAIL TO OI FOR A 50/50.
	- OI DOESN'T WANT TO SETTLE. OI PREFER TO CLAIM OWN INSURANCE INSTEAD
	- EMAIL TO TP TO INFORM AS PER OI REQUEST.
14/10/19	- TP AGREED TO WITHDRAW IF OI ALSO WITHDRAW
	- BOTH SIGNED MUTUAL SETTLEMENT FORM
	- TO CANCEL CASE.

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:

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	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	CONFLICTING VERSIONS BOTH SIGNED MUTUAL FORM CANCELLED NO SURVEY DONE
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 + 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:
Legal Cost	S$ —	3) Survey fee:
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:	—