

INS. CASE OWNER:

CC3/QBE19016029/K1ha3

LKK:
IDAC:

ASSIGNMENT

Surveyor:

KALVIN

DOI: 09/09/2019

Date / Time : 09/09/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBA 2757H

Claim No. :

V 012969

Name of Insured :

U TA PROPERTY PL

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$

D.O.A : 09/09/2019 07:00

Place of Accident : CHANGI SOUTH ST 1

Is driver the owner? (YES / NO)

(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

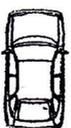
SHC 6202J



INSRS:
WSP: PREMIER
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	GBA 2757H - X	
	SHC 6202J - CC3/III19003069/K1ea3q2; DOA:18/2/19	Non-Reporting ltr (1st):
	- CC6/III16002002/M1hb3q2; DOA: 10/1/16	Non-Reporting ltr (2nd):
	- NS/INC16020428/K1qh3m2; DOA:20/10/16	Non-Reporting ltr (Final):
		Notification ltr (if non-pickup):
		Call OI:
02/10/19	MUE REVIEWED. CONFLICTING VERSIONS. TP MAKING U-TURN OLD BYTING C/P. SEND LETTER TO OI TO NOTIFY TP CLAIM IN NCD ISSUES. TO GET TP VIDEO FOOTAGE	After call ltr to OI: 02/10/19 - vic
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
02/10/19	FINALISED TYPE REPORT WHILE PENDING TP LOD REPORT DONE TP LOD IN BY EMAIL TP VIDEO IN. V/VIC/SHC 6202J	Final Repair Bill: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD <input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
		Confirm by: <input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 16/09/19 Sent By: QS By (staff) : vic Approved by : Approved by : Date : 15/09/19

FINALIZATION Date/Time: Confirm with: Repair Cost: \$1,250.00 (2 days) Reduction: 7A % Email Call

FINAL SETTLEMENT Date/Time: Confirm with: Final Liability: % 0 (Agreed / Assessed) BOLA S/N No. : NIL Email Call

Repair Cost: \$ - Loss of Rental (LOR): \$ - (days) x \$ 101.2A If NO or B 28, Ass. Lia : ROBOT TP CLAIM (TP U-TURN)

Loss of Use (LOU): \$ - (\$ x days) Loss of Income (LOI): \$ - (\$ x days) LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search \$ - Medical: \$ - Disbursement: \$ - (e.g. Tow/ Independent) 1) Claim status: Normal/Reject/Private Settle

Legal Cost \$ - 2) Report Format: 3) Survey fee: \$400.00

Total: \$ - Global Sum \$\$: FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$ - Name 1: Payee 2: (Strike if N.A.) \$ - Name 2: Payee 3: (Strike if N.A.) \$ - Name 3: