

CC3/QBE18006165/K1kb3q2-1

15/5/2010

LKK:
IDAC:

INS. CASE OWNER:

CC / AIG / 100 /

ASSIGNMENT

Surveyor: _____

DOI: _____

Date / Time : _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : \$\$ _____ D.O.A : _____

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



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	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)	<input type="checkbox"/>	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>
	LOD	<input 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"/>
PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S 380.00	(2 days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 12/5/2020	Confirm with Shafawati	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	100 % 50	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia : 50
Repair Cost:	(w/EST) 406.60	\$S 203.30	(NTUC) has settled our OI counter claim on 50% liability
Loss of Rental (LOR):	317.22	\$S 158.61 (3 days) x \$105.74	
Loss of Use (LOU):		\$S (\$ x 3 days)	
Loss of Income (LOI):	120	\$S 60 (\$ 40 x 3 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>		LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> [Tick only one]	
GIA/LTA Search	2.00	\$S 2.00	
Medical:		\$S	1) Claim status: Normal/Reject/Private Settle
Disbursement:		\$S (e.g. Tow/ Independent)	2) Report Format: WP SUBMITTED EARLIER.
Legal Cost		\$S	3) Survey fee:
Total:	845.82	\$S 423.91	Global Sum \$S: 420.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 420.00	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	

Surveyor: Kalwin DOI: 07/04/18 Date / Time: 3/4/18
Registered in Metim:

Pre-assign / CCU / FTE



Insured Vehicle No. : SDN 58M
Name of Insured : ONG LAY KOON
Insured Tel No. : HP:
Excess Sec II : \$\$ D.O.A: 07/04/18

Claim No. : VC011171
Policy No. : 8-V0016622-mvt.
Make / Model : VOLKSWAGEN
Place of Accident : PEOPLE'S PARK COMPLEX 4

Is driver the owner? (YES / NO) Nature of Accident : EXIT
If NO, Driver Name / Age : ONG ENG SENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (V/L-YES / NO) Insured Liability : % Final ? Yes / No

SMB 8769H



INSRS:
WSP:
Tel:
Liability:
RMKS:

premier



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
<u>5/7/18</u> <u>24/18</u>	Non-Reporting Itr (1st): Non-Reporting Itr (2nd): Non-Reporting Itr (Final): Notification Itr (if non-pickup): Call OI: After call Itr to OI: <u>9-10-18</u>	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/>
	Others: <u>EM TO TP</u>	<input checked="" type="checkbox"/>

TP U-TURNED IN A NO U-TURN SIGN
OI STOPPED & STATIONARY @ POINT OF IMPACT.
OI TOOK ACTION AGAINST TP BY LAWYER

9-10-18 FOR MANDATE

RECEIVED 17 OCT 2018



PRELIMINARY ADVICE	Date/Time: <u>4/7/18</u>	Sent By: <u>BEL</u>
FINALIZATION	Date/Time: <u> </u>	Confirm with: <u> </u>
Repair Cost:	\$S <u> </u> (<u> </u> days) Reduction: <u> </u> %	Confirm by: Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u> </u>	Confirm with: <u> </u>
Final Liability:	% <u>0</u> (Agreed / Assessed) BOLA S/N No.: <u>NIL</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	\$S <u> </u>	If NO or B 28, Ass. Lia: <u> </u>
Loss of Rental (LOR):	\$S <u> </u> (<u> </u> days)	<u>VIDEO</u> <u>19/10/18</u>
Loss of Use (LOU):	\$S <u> </u> (S <u> </u> x days)	
Loss of Income (LOI):	\$S <u> </u> (S <u> </u> x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> (Tick only one)		
GIA/LTA Search	\$S <u> </u>	
Medical:	\$S <u> </u>	
Disbursement:	\$S <u> </u> (e.g. Tow/ Independent)	
Legal Cost	\$S <u> </u>	
Total:	\$S <u> </u>	Global Sum \$S: <u> </u>
FINAL PAYMENT	Date/Time: <u> </u>	Confirm with: <u> </u>
Payee 1:	\$S <u> </u>	Name 1: <u> </u>
Payee 2: (Strike if N.A.)	\$S <u> </u>	Name 2: <u> </u>
Payee 3: (Strike if N.A.)	\$S <u> </u>	Name 3: <u> </u>