INS. CASE OWNER: Sundari | CC4/III1901 6875, 11 9/1/19. | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus. DOI: 26/9/19 Date / Time: 24/9/19.

Pre-assign / CCU / FTE Registered in Merimen: 24/9/19.

Insured Vehicle No. : SHD 7123S Claim No. :

Name of Insured : CTPL Policy No. : MIMOOOW

Insured Tel No. : HP: Make / Model : MMMMON

Excess Sec II :S$ D.O.A.: 20/9/19. Place of Accident: Geylang Rd Toms Sims Way.

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

If NO. Driver Name / Age: ONG BOON LENG

Driver Tel No. : (V/L: YES / NO) OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

cc: assessment@revoauto.com.sg; claims@revoauto.com.sg; Attn. Rachel.

SJM 6851J →

INSRS:
WSP: Revolution
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJM 6851J — X SHD7123S — X
3/10	Req AVF from both parties. TP voted O/D encroached lane on dot white line. OI voted TP encroach his lane.
11/12	- TP AVF in. Email to III. (Pending liability approval).
13/12	- Req Front AVF from TP.
26/3	- Req Front AVF re-send.
06/10/2020	TP CUT INTO IV LANE. REJECTION EMAIL SEND TP ON 23/09/2020. PENDING MR YEW CHOP & SIGN

Reject Case
By (staff) :
Approved by : YL
Date : 06/10/20

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:	☐	☐
Authorization 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:

Confirm with: Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: S$ 3700/- (4 days) Reduction: 2686.00 % 45

Repair Cost: 45 Confirm with Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: % 50 (Agreed / Assessed) BOLA S/N No. : 19. If NO or B 28, Ass. Lia :

Final Liability:	S$	
Repair Cost:	S$	
Loss of Rental (LOR):	S$	(days)
Loss of Use (LOU):	S$	(S x days)
Loss of Income (LOI):	S$	(S x days)
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]
GIA/LTA Search	S$	1) Claim status: Normal/Reject/Private Settle
Medical:	S$ (e.g. Tow/ Independent)	2) Report Format: REJECT
Disbursement:	S$	3) Survey fee: 250.00
Legal Cost	S$	Global Sum S$:
Total:	S$	Confirm with: Email ☐ Call ☐

FINAL PAYMENT Date/Time:

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