15/5/2010

INS. CASE OWNER:

CC 4/EQI1901 7612 / pb3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 4/10/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No.	: EL230E		Claim No.	:
Name of Insured	: HO WAN HONG WARA		Policy No.	: DMPPHQ19-008059
Insured Tel No.	:	HP:	Make / Model	: MERCEDES
Excess Sec II :S$		D.O.A : 13/9/19	Place of Accident :	SUP RD TPE TO LOYANG AVE
Is driver the owner?	(YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :	CASSANDRA THO XIN YU.		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :		(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SMD 17879 → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: HOCK	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Wah	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SMD 17879 – x EL230E – x
22/10/19.	— Pls see VIEWS
10/12/19	— OI & TP had private settle.
	— TU cancel : No survey done by VCC
16/12/19	— File → Shuker & close (cancel)

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	22/10/19
After call ltr to OI:	sent (Myers)

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:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 7	If NO or B 28, Ass. Lia :
Repair Cost:	S$		Cancel case.
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:	