(SUM - 19/11)

15/5/2010

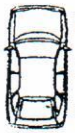
INS. CASE OWNER: SAUHA | CC 3/AIG1901 9431 / Qbbh. | LKK: IDAC:

ASSIGNMENT

Surveyor: Sunpin. DOI: 1/11/19 Date / Time : 1/11/19

Registered in Merimen: 4/11/19.

Pre-assign / CCU / FTE



Insured Vehicle No. : SLQ 39H Claim No. : 2748/6/6954

Name of Insured : CHEW KAR LAY Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 31/10/19. Place of Accident :

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

If **NO**, Driver Name / Age : CHAI ENG KEOW OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHC 4971K → → →

INSRS: WSP: SMRT. Tel : Liability : RMKS:

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Date/ Time	
	SHC 4971K - X SUE 394 - X
06/11	- OIWR (MIDNIGHT CASE)
05/12	OI GIA Report ID.
*	OID REPORTED NO COLLISION, REQUEST TP VIDEO TO REVIEW LIABILITY.
	- FINALIZED
17/12/19	- FILE REVIEWED. OID REPORTED NOT AWARE OF ACCIDENT.
	- TP LOD IN BY EMAIL
	- EMAIL TP FOR GUIDANCE
	- TP VIDEO FOOTAGE IN. V/VICSHC 4971K
	- UPLOADED IN WISDOM
09/01/20 @ 2:49PM	- RECEIVED EMAIL FROM CCU. SPOKE TO OI, INFORMED ABOUT TP VIDEO, LOD & ADJUSTED COR. REPLIED CCU EMAIL
	- EMAIL TO SAUHA. UPLOADED IN SC.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	19/11/2019
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	09/01/20 - VIC
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:

Rejected Case By (staff): Approved by : Date :

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: T/P S$ 2,080.90 (4 days) Reduction: 79 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
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: $320.00
Total:	**S$** **Global Sum S$:**	4) RA fee: $2.54

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:	