

15/5/2010

INS. CASE OWNER: Bennie Tan

CC4/AIG19019774/Uba3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUS

DOI: 07.11.2019

Date / Time : 07.11.2019

Registered in Merimen: 07.11.2019

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 3211P

Claim No. : 3628169516SG

Name of Insured : Robertson Quay Hotel

Policy No. : 2100364786

Insured Tel No. : HP: 97350147

Make / Model :

Excess Sec II : \$ D.O.A : 31.10.2019

Place of Accident : CENTRAL EXPRESSWAY

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

If NO, Driver Name / Age : NG SWEET YAK

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

FBL 7712X

INSRS:
WSP: Erofia Motor
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			STAGE	DATE / PIC
	FBL 7712X -X	SKM 3211P -X	Non-Reporting ltr (1st):	
12.11.2019	OINR. To send out first letter. File pass to Su.		Non-Reporting ltr (2nd):	
18/11/2019	OI GIA Report in.		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	
			After call ltr to OI:	22/11/19 - VIC
22/11/19	- FILE REVIEWED. CONFLICTING VERSIONS. CUTTING CANE. OLD REPORTED HE SLIPPED DOWN WHEN HIT BY TP. TP REPORTED OLD CUT CANE. SEND LETTER TO OI TO NOTIFY TP CLAIM. - EMAIL LIABILITY UNCLER. REQUEST PIR & EVIDENCE - PINAUGED - ORIGINAL TP LOD IN - OI VIDEO UPLOADED BY AG IN MERIMEN		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:	US	SS 1100.00	(3 days) Reduction: 70 %	Email ☐	Call ☐
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☒	Call ☐
Final Liability:	%	50%	(Agreed / Assessed) BOLA S/N No. :	NIL	
Repair Cost:	\$1,100	SS 550.00	CONFIRMING VERSIONS		
Loss of Rental (LOR):	SS	(days)			
Loss of Use (LOU):	\$100.00	SS 50.00	(\$ 20 x 5 days)		
Loss of Income (LOI):	SS	(\$ x days)			
LOR only ☐	LOU only ☒	LOR + LOU ☐	LOR + LOI ☐	[Tick only one]	
GIA/LTA Search	SS				
Medical:	SS				
Disbursement:	SS	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle	
Legal Cost	SS			2) Report Format: TP	
Total:	SS 600.00	Global Sum SS:	580.00	3) Survey fee: \$320.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email ☐	Call ☐
Payee 1:	SS 580.00	Name 1:	EROFIA MOTOR TRADING PTE LTD		
Payee 2: (Strike if N.A.)	SS	Name 2:			
Payee 3: (Strike if N.A.)	SS	Name 3:			