

INS. CASE OWNER:

RACHOL WU CC3 #190 22195, KHBBG

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

ASSIGNMENT

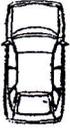
16/1/19

Date / Time:

16/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SH 89685

Claim No. :

D190079804E2H

Name of Insured :

CTPL

Policy No. :

D180 88926WESH

Insured Tel No. :

HP:

Make / Model :

TRV DTH

Excess Sec II :\$\$

D.O.A :

7/1/19

Place of Accident :

TWOS BN ROAD SEN ST

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

WONG THIAM PHUW

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

Driver Tel No. :

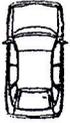
(VL: YES / NO)

Insured Liability :

%

Final ? Yes / No

SHIP 6612



INSRS:

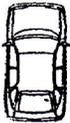
WSP:

Tel:

Liability:

RMKS:

Trans Cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHIP 6612 x SH 89685 x	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
13/01/20	- FIVE EQUIVOCAL. CONFUSING VERSIONS. BOTH TURNING CUTTING LANE. SEEK LIABILITY MANIFEST & EVIDENCE FROM BOTH PARTIES.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List: Handler Typist	
13/01/20	- EMAIL TO TP FOR EVIDENCE	Notification ltr (if non-pickup)	<input type="checkbox"/>
	- TYPE REPORT FIRST	After call ltr to OI:	<input type="checkbox"/>
	- TP NO EVIDENCE	Authorisation To Act:	<input type="checkbox"/>
	- REPORT DONE	Release Voucher:	<input type="checkbox"/>
	- OI VIDEO IN. OLD TURNING LANE	Final Repair Bill:	<input type="checkbox"/>
06/02/2020	- EMAIL TO FCU FOR RESOLUTION	Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
17/02/2020	- FCU AGREED TO RESORT TP CLAIM.	LTA / GIA :	<input type="checkbox"/>
	- EMAIL TO TP TO DENY CLAIM	Medical Bill:	<input type="checkbox"/>
	- TO CLOSE CASE.	PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: 17/12/19 Sent By: KB	Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

Reject Case
By (staff) : V/C
Approved by : Y
Date : 17-01-20

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	US \$ 2,250.00 (2 days)	Reduction: 93 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	\$ -		BOTH TURNING CUTTING LANE
Loss of Rental (LOR):	\$ - (days)		OI GOT VIDEO
Loss of Use (LOU):	\$ - (\$ x days)		RESORT TP CLAIM
Loss of Income (LOI):	\$ - (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$ -		
Medical:	\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement:	\$ - (e.g. Tow/Independent)		2) Report Format:
Legal Cost	\$ -		3) Survey fee: \$450.00
Total:	\$ -	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$ -	Name 1:	-
Payee 2: (Strike if N.A.)	\$ -	Name 2:	-
Payee 3: (Strike if N.A.)	\$ -	Name 3:	-