15/5/2010

INS. CASE OWNER: MERINA | CC 4/FCI190 ... | LKK: IDAC:

ASSIGNMENT

Surveyor: Rasul DOI: 4/11/19 Date / Time : 4/11/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 3391X Claim No. : D19008052MFGH

Name of Insured : LITYLAB PTE Policy No. : D18088737MFSH.

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

Excess Sec II :S$ D.O.A : 10/11/19 Place of Accident : CROSS BUKIT RD

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

If **NO**, Driver Name / Age : YONG EN LONG.

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

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

Insured Liability : % **Final ? Yes / No**

YP 7017 → → →

INSRS:
WSP: SIN SHENG.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	YP 7017 — SHB 3391X —
	— DI MR
13/01/20	— PHS REVIEWED. CONFLICTING VERSIONS. BOTH REPORTED GREEN LIGHT ON THEIR FAVOR.
	— EMAIL TO TP & FCI FOR GUIDANCE.
	— FINALIZED
06/02/2020	— TPPD REPORT WHILE PENDING EVIDENCE/ LOD
	— REPORT PENS
	— TP LOD IN BY FCI CWS
11/02/2020	— SEEK MANDATE TO FCI BY EMAIL
	— FCI INSTRUCTED TO SUBMIT WP REPORT AS TP BEATEN RED LIGHT.
03/03/2020	— EMAIL TO TP TO REJECT CLAIM
	— TO CLOSE

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:		
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:		

Reject Case
By (staff): VIC
Approved by:
Date: 03/03/20

PRELIMINARY ADVICE Date/Time: 26/12/19 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 9,300.00 (8 days) Reduction: 37 % Email ☐ Call ☐

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

Final Liability:	% (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	REJECT CLAIM
Loss of Use (LOU):	S$ — ($ x days)	TP BEATEN RED LIGHT
Loss of Income (LOI):	S$ — ($ x days)	SUBMIT WP REPORT
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: WP REPORT
Legal Cost	S$ —	3) Survey fee: $401.00
Total:	**S$** **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:	—