15/5/2010

INS. CASE OWNER: Loh Chee Heng | CC4/AIG20000316/Aba3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 09/01/2020 Date / Time : 03/01/2020

Registered in Merimen: 06/01/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : GR 7327J Claim No. : 3215553487SG

Name of Insured : RESTART TRADING Policy No. : 1800141134

Insured Tel No. : HP: Make / Model : NISSAN NV350-2.5 D PANEL VAN (M)

Excess Sec II :S$ D.O.A : 31/12/2019 15:15 Place of Accident : JALAN EUNOS AFTER EXIT FROM PIE

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

If **NO**, Driver Name / Age : GOH HENG LENG OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-92720188 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGY 3982G →

INSRS:
WSP: SK
Tel : AUTOMOBILE
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGY 3982G - X GR 7327J -CC3/AIG13017689/Yg2a3w2; DOA: 20.9.13
22/01/2020	- FILE REVIEWED. CONFLICTING VERSIONS. SEND LETTER TO OI & EMAIL. - EMAIL LIABILITY UNCLEAR -MINAPPED -TP LOD IN BY EMAIL -TP SCENE PHOTOS IN
06/01/2020.	REJECT TP CLAIM

Reject Case
By (staff) : Jasper
Approved by : Jin
Date : 06/01/21

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:	22/01/2020 - JC

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: L/S S$ 1,500.00 (5 days) Reduction: 89 % 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 + LOI ☐ [**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$:**	

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:	