15/5/2010

INS. CASE OWNER: Bernard Ler | CC3/AIG20002401/Qda3 | LKK: IDAC:

ASSIGNMENT

Surveyor: OI SUN PIN DOI: 03/02/2020 Date / Time : 03/02/2020

Registered in Merimen: 11/02/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : EM 323R Claim No. : 9438537256SG

Name of Insured : LEONG YOKE YENG Policy No. : 1800004823

Insured Tel No. : 66492021 HP: 94777738 Make / Model :

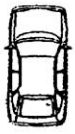
Excess Sec II :S$ D.O.A : 27/12/2019 16:10 Place of Accident :

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

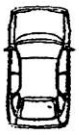
If **NO**, Driver Name / Age : OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

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

SMB 1418H → → →

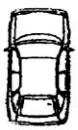


INSRS:
WSP: SMRT, WL
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMB 1418H - CC3/AIG15013986/K1ya3n2; DOA : 12.8.15
	EM 323R - X
14/2/2020 -	OINR. To send out first letter. File pass to Su Li.
24/7/2020 -	✓ OI GIA Rec'd
03-03-20	NO CONTACT BETWEEN OUR VEH & T/P BUS, ASK BUS TO PROVIDE PROOF OR VIDEO TO SUPPORT THEIR ALLEGATION, OTHERWISE WE WILL REJECT T/P CLAIM.

Reject Case
By (staff) : JIA LE
Approved by : [illegible]
Date : 05/08/20

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:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with: Confirm by:
Repair Cost:	S$ 962.00 (1 days) Reduction: 32 %	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: $320
Total:	**S$**	**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:	