15/5/2010

INS. CASE OWNER: CC6 / ALG20004018 / Aba3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 13/3/2020 Date / Time : 13/3/2020

Registered in Merimen: 16/3/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SLL 6663S

Name of Insured : Amanda Jillian

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 5/3/2020

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

If **NO**, Driver Name / Age :

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

Claim No. : _____

Policy No. : _____

Make / Model : mercedez-benz C180-1.8 (A)

Place of Accident : upper Thomson Rd towards town.

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

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

SGK 4972C → _____ → _____ → _____

INSRS:
WSP: Kai Motor
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SGK 4972C - CS/INC1400234B/ACDK3 ; 29/01/14 - NA/INC0802750J/R ; 8/10/2018
	SLL 6663S - NA/TM1180228701/24 ; 19/12/2018
5/03/2020	- FILE REVIEWED. OI REPORTED SHE WAS REAR-ENDED. TP REPORTED OI CUT LANE & JAMMED BRAKES. - EMAIL LIABILITY UNCLEAR - TP SCENE PHOTOS IN
20/11/2020	REJECT TP CLAIM

Reject Case
By (staff) : Jasper
Approved by : Yw
Date : 20/11/20

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: 45	S$ 4,100.00 (6 days) Reduction: 65 %		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:	