15/5/2010

INS. CASE OWNER: Ler, Bernard-JQ | CC4/AIG20005434/Uga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: _____ Date / Time : 27/04/2020

Registered in Merimen: 27/04/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SMN 2956B Claim No. : 5072035021SG

Name of Insured : MICHELLE SAW MEI SIAN Policy No. : 1900130787

Insured Tel No. : _____ HP: 90906668 Make / Model : AUDI A5 SB 2.0 TFS

Excess Sec II :S$ _____ D.O.A : 25/02/2020 Place of Accident : SIGLAP ROAD TURNING INTO BURNFOOT TERRACE

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**

FBJ 737G → _____ → _____ → _____

INSRS:
WSP: EROFIA MOTOR
Tel : TRADING
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	FBJ 737G - CC4/AIG14004228/H1ua3c3 28/02/2014	Non-Reporting ltr (1st):	
	SMN 2956B - CC3/AIG20003328/Aqf3 25/02/2020	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
17/07/2020	TP CHARGED FOR CARELESS DRIVING, REJECTION EMAIL SEND TP. MR YEW TO CHOP & SIGN	**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) :
Approved by : [signature]
Date : 20-07-20

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(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: REJECT
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:	