15/5/2010

INS. CASE OWNER: BERNARD | CC 3/AIG1700 6886 / KBH3 | LKK: IDAC:

ASSIGNMENT

Surveyor: kenneth DOI: 6/4/17 Date / Time : 6/4/17

Registered in Merimen: 7/4/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SCR 3773 Claim No. : W0065092765G

Name of Insured : TAN SEK CHENG NANCY Policy No. : 7000517509

Insured Tel No. : HP: 96644393 Make / Model : LEXUS

Excess Sec II :S$ D.O.A : 5/4/17 Place of Accident : TP CROWN PLAZA HOTEL

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**

SHD 178E → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: TRANS	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : CLR	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
11/4/17 vivian	SHD 178E-X SCR 3773-X
17/5/2017 @ 10:50 am 17/5/2017 @ 12:06pm	call OI (ms Nancy @ 96644393) but no response. OI called in. spoke to OID. Confirmed accident details and mentioned that OID is at stationary position when TP bit from behind but has no evidence to prove. Informed abt TP claim, aware of NCD issues and agreed to settle. Send letter to OI.
26-09-18	WE SHOULD REJECT THE CLAIM ATTRIBUTED TO REAR ENDING, BUT SHALL REVIEW IF TP CAN PRODUCT EVIDENCE WHICH IS NOT POSSIBLE
23/01/19	- HG INSTRUCTED TO SUBMIT WP REPORT SINCE TP IS INACTIVE.
20/02/19	- TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	17/5/2017 19/05 syaf
After call ltr to OI:	9am

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: LIG S$ 3,000.00 (2.5 days) Reduction: 81 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 50 .	(Agreed / Assessed) BOLA S/N No. : (NIL) . Conflicting versions.	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ —	(days)	TP INACTIVITY NO SETTLEMENT
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: WP REPORT
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: —	