INS. CASE OWNER: Ler, Bernard-JQ | CC4/AIG20006038/Aka3 | IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 01/06/2020 Date / Time : 29/05/2020

Registered in Merimen: 29/05/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : SKR 7567K Claim No. : 0789394729SG

Name of Insured : FOO JUAT LIN Policy No. : 2100453348

Insured Tel No. : HP: 91085086 Make / Model : HYUNDAI LF SONATA 2.0 GLS A/T

Excess Sec II :S$ D.O.A : 28/05/2020 Place of Accident : UPPER ALJUNIED ROAD LAMP POS 42

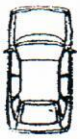
Is driver the owner? (YES / NO) Nature of Accident :

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**

SMR 4525C → → →

INSRS: VISION AUTOWORK
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMR 4525C - X SKR 7567K - X
21/9/2020 khanchna	REJECT CLAIM. SURVEY DONE.

Reject Case
By (staff) : Khanchna
Approved by : Yu
Date : 21-09-20

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: L/S S$ $8,200 (3 days) Reduction: 58,788.70/88% Email Call

FINAL SETTLEMENT Date/Time: Confirm with Email Call

Final Liability:	% (Agreed / Assessed)	If NO or B 28, Ass. Lia :
Repair Cost:	S$	REJECT CLAIM. SURVEY DONE.
Loss of Rental (LOR):	S$	
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ ($ days)	
LOR only LOU only	LOR + LOU + LOI [Tick only one]	
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ 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:	