

15/5/2010

INS. CASE OWNER:

CC6/EQI20007579/pa3

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time : 22/07/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GBE 9475D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 20/07/2020 14:30

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

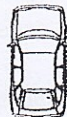
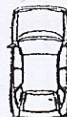
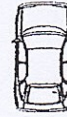
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLW 2205A

INSRS: NEW HOCK
WSP: TECK MOTOR
Tel : PTE LTD
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	SLW 2205A - X	GBE 9475D - X	STAGE	DATE / PIC	
25/7/2020 - Reject TP claim	Reject Case By (staff) : Hsiao Tong Approved by : Date : 25/02/21		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/sum S\$2,000.00

(3 days)

Reduction: 76 %

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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: