15/5/2010

LKK:
IDAC:

INS. CASE OWNER: NORSIAH

ASSIGNMENT

Surveyor:	OI SUN PIN	DOI:	Date / Time : 22/12/2020
			Registered in Merimen: 23/12/2020

Pre-assign / CCU / FTE
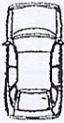
Insured Vehicle No.	: SKZ 588D	Claim No. :	6050442124SG
Name of Insured	: HEIN KWANG CHENG ROSA	Policy No. :	1900129643
Insured Tel No.	: HP:	Make / Model :	KIA CERATO
Excess Sec II :S$	D.O.A : 28/11/2020 18:44	Place of Accident :	ALONG TURF CLUB AVE AFTER TURF CLUB FLYOVER

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

If **NO**, Driver Name / Age : BENJAMIN CHIA JIN KIAT

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

Driver Tel No. :   (V/L: YES / NO)   Insured Liability :   %   **Final ? Yes / No**

EQ 650A
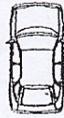
INSRS: WSP: Sin Yew Hup Tel : Auto Pte Ltd. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:
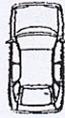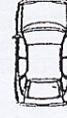
Date/ Time		STAGE	DATE / PIC
SKZ 588D - CS/EGI18002885/Uvd3n2 ; 09.02.18 EQ 650A - X		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
25/2/2u1 — Reject TP claim		Call OI:	
		After call ltr to OI:	

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:		

Reject Case
By (staff) : Hsiao Tong
Approved by : Yw
Date : 25/02/21

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	Confirm by:
Repair Cost:	S$	(**4** days) Reduction: %	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 /DAL
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost:	S$		3) Survey fee: #180.00
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:	