

INS. CASE OWNER:

ASSIGNMENT

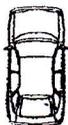
Surveyor:

DOI: 01/03/2021

Date / Time : 01.03.2021

Registered in Merimen: 01.03.2021

Pre-assign / CCU / FTE



Insured Vehicle No. : SDK 7160U

Claim No. : _____

Name of Insured : HENG GEK SAI

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 26.02.2021 23:45

Place of Accident : UPPER SERANGOON RD

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

SHC 8182U



INSRS:
WSP: **CDGE LOYANG**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	SHC 8182U - CC4/III20009692/gS3XX ; 29/08/2020	Non-Reporting ltr (1st):
	CS/III20011275/Btf3e2 ; 30/08/2020	Non-Reporting ltr (2nd):
	CS/SMO20011819/EUqf3q2 ; 29/10/2020	Non-Reporting ltr (Final):
	NS/INC20009279/T1qf3e2 ; 30/08/2020	Notification ltr (if non-pickup):
	SDK 7160U -CC3/AIG14014566/T1tm3k3 ; 31.07.2014	Call OI:
		After call ltr to OI:
		Documentation Check List: Handler Typist
		Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/>
		Release Voucher: <input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA : <input type="checkbox"/> <input type="checkbox"/>
		Medical Bill: <input type="checkbox"/> <input type="checkbox"/>
		PIR: <input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/>
		LOD <input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/>
		Others: <input type="checkbox"/> <input type="checkbox"/>
22/06/2021	REJECTION EMAIL TO TP - BASED ON OI.VE. OI TRAVELLING WITHIN LANE, TP ENCROACHED INTO OI LANE AND CAUSED THE ACCIDENT. MR YEW TO CHOP + SIGN	

Reject Case
 by (staff) : _____
 Approved by : *[Signature]*
 Date : 22/06/21

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Repair Cost: P/P S\$ 2,553.20	(3 days) Reduction: \$1,635.84 % 39	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	(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:	Payee 1: S\$	Name 1: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
		Payee 2: (Strike if N.A.) S\$	Name 2: _____	
		Payee 3: (Strike if N.A.) S\$	Name 3: _____	