15/5/2010

INS. CASE OWNER: CC4/III21008130/Bga3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: LIM DOI: 02/08/2021 Date / Time : 02.08.2021

Registered in Merimen: 02.08.2021

Pre-assign / CCU / FTE

Insured Vehicle No. : CB 8025E Claim No. : MFL2021D0003254

Name of Insured : Policy No. : D20MFL0004773

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 29.07.2021 Place of Accident :

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**

YP 6414U → → →

INSRS:
WSP: 1st Auto Pro Pte Ltd
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	YP 6414U - CS/CTI21008066/Euc ; 29/07/2021 NBA/CTI21008058/Y ; 29/07/2021 CB 8025E - CC4/III21007427/R1ps3 ; 04/07/2021 CS/CTI21008066/Euc ; 29/07/2021 NBA/CTI21008058/Y ; 29/07/2021	
14/09/2021	REJECTION EMAIL TO TP - OI SUCCESSFULLY CLAIM AGAINST TP. MR YEW TO CHOP + SIGN	

Reject Case
by (date) : Cecilia
Approved by : Yew
16/09/21

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$ 3100.00 (4 days) Reduction: $13,009.11 % 81 Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
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 ☐ 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: REJECT
Legal Cost	S$		3) Survey fee: $450.00
Total:	**S$**	**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:	