

15/2/2019

Stacey

p

INS. CASE OWNER:

K. Chong

CC4 / AXA1701 9918 1R1463

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

RASUL

DOI:

18/10/17

Date / Time:

17/10/17

Registered in Merimen:

16/10/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 7670P

Claim No.:

C0455847

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

09/10/17

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

SLA 6076K



INSRS:

WSP: World Auto

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLA 6076K - X

17/09/2017

SHB 7670P - Ref: CC3/AXA1701/1147/KD

06/06/2016

CC3/111/16016727/Kun3q2

18/03/2009

1/12/17/2016/024/0p

26/03/2017

CC4/12/17016702/K12a3

31/08/2016

CS/MSG/16016870/Kthn2

05/11/2003

NA/14/106030107/S1

15/04/2015

NA/MSG/15006409/d2

## 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:

S\$

(

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

1) Claim status: Normal/Reject/Dispute/Settle /WP

2) Report Format: TP

3) Survey fee: \$250.00

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:

