15/5/2010

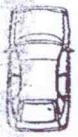
INS. CASE OWNER: Vale | CC4 /AXA1702 2085 / | LKK: | IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/4/17

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : YN 4760U

Name of Insured : SATS BRF FOOD PTE

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 15/11/17

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : AHOU FEMALE

Driver Tel No. :

Claim No. : 17M0040DP | 18/5/17

Policy No. : P1766714

Make / Model : ISUZU

Place of Accident : EXIT OF AAR EAST PLAZA TOWARDS SCOTTS RD

Nature of Accident :

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

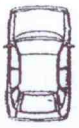
Insured Liability : % **Final ? Yes / No**

SLG 6755L → _____ → _____ → _____

INSRS: Estem
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
21/11/17	SLG 6755L-X YN 4760U-X
UT	#Smartclaim.
21/11/2017:	OI email address: Engboon-ng@satsbrf.com. Email liability unclear.
22/11/2017:	Carmen called in (Estem) called in and mentioned that she will withdraw claim if insured is willing to sign on private settlement / need to liase with insured.
29/11/2017 @ 12:11 pm	Spoke to Mr Ng (OI PIC). Confirmed accident details and informed abt TP's proposed withdrawal of claim. OI PIC agreed and further mentioned that he did not claim against other party due to minor damage. Agree to settle.
04/12/2017.	File pass to Shupei to cancel / close file.
07-12-17	To cancel NO Survey.
Y	

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$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Total Cost	S$		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:	