15/5/2010

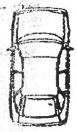
INS. CASE OWNER: Kwee May | CC 4/AXA1702 2208 / 1063 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 21/11/17

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKM 7640H

Name of Insured : MARK RAYMOND VELTHUIS

Insured Tel No. : _____ HP: _____

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

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

If **NO**, Driver Name / Age : SUSAN KAREN VELTHUIS

Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : S7M0040K / 19179

Policy No. : GA04204911

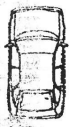
Make / Model : AUDI

Place of Accident : GREENWOOD AVE BKT TIMAH

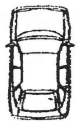
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

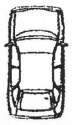
SJY 9857K → _____ → _____ → _____



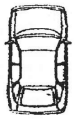
INSRS: WSP: Tel : Liability : RMKS. UNGE Bradden (ARC)



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:



INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
22/11/17	SJY 9857K → SKM 7640H →
IHT.	+ smart claim
07/12/2017 @ 11:17 am.	Spoke to OID (MS Susan). confirmed accident details and OID reversed into parking lot and collided with TP. OI will send any additional photos via email. Informed abt TP claim, aware of NCD issues and agree to settle. Send letter to OI.
12-04-18	To CANCEL FILE.
	NO Survey done.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	? 07/12/2017
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:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : OID reversing and collided with TP.
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:
Legal 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:	