

15/5/2010

INS. CASE OWNER:

San Tung

CC4 RM
AXA1702 4201, j63LKK:
IDAC:

ASSIGNMENT

Surveyor:

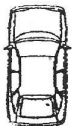
DOI:

Date / Time :

21/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

FBB 3550A

Name of Insured :

LEE HAN LAM

Insured Tel No. :

HP: 97877168

Excess Sec II :\$

D.O.A : 06/12/17

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

87M0058M / 22783

Policy No. :

P0409379

Make / Model :

PAGGIO

Place of Accident :

Dram RD

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES/NO)

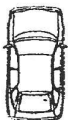
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

SLA 3366C

INSRS:
WSP:
Tel :
Liability :
RMKS:che
(LRC)INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC
21/12/17	Non-Reporting ltr (1st):	
21/12/17	Non-Reporting ltr (2nd):	
21/12/17	Non-Reporting ltr (Final):	
21/12/17	Notification ltr (if non-pickup):	
21/12/17	Call OI:	
21/12/17	After call ltr to OI:	
21/12/17	Documentation Check List:	Handler Typist
21/12/17	Notification ltr (if non-pickup)	☐ ☐
21/12/17	After call ltr to OI:	☒ ☐
21/12/17	Authorisation To Act:	☐ ☐
21/12/17	Release Voucher:	☐ ☐
21/12/17	Final Repair Bill:	☐ ☐
21/12/17	Car Rental Invoice:	☐ ☐
21/12/17	Towing Invoice:	☐ ☐
21/12/17	LTA / GIA :	☐ ☐
21/12/17	Medical Bill:	☐ ☐
21/12/17	PIR:	☐ ☐
21/12/17	Mandate/Reject Instruction:	☐ ☐
21/12/17	LOD	☐ ☐
21/12/17	Payment Breakdown Form:	☐ ☐
21/12/17	Post-Repair Photos:	☐ ☐
21/12/17	Others:	☐ ☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
21/12/17	21/12/17	21/12/17

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$	(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:	\$		
Loss of Rental (LOR):	\$	(days)	
Loss of Use (LOU):	\$	(\$ x days)	
Loss of Income (LOI):	\$	(\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ (Tick only one)			
GIA/LTA Search	\$		
Medical:	\$		
Disbursement:	\$	(e.g. Tow/ Independent)	
Legal Cost	\$		
Total:	\$	Global Sum \$:	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	\$	Name 1:	
Payee 2: (Strike if N.A.)	\$	Name 2:	
Payee 3: (Strike if N.A.)	\$	Name 3:	