15/5/2010

INS. CASE OWNER: San Theng | CC4 / ~~AXA~~ AGM 1702 4707 / J63 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 21/12/17

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	FBB 3550A	Claim No. :	S7M0055M / 22783
Name of Insured :	LEE CHAN LAM	Policy No. :	P0709379
Insured Tel No. :	HP: 97877168	Make / Model :	PIAGGIO
Excess Sec II :S$	D.O.A : 06/12/17	Place of Accident :	ADAM RD

Is driver the owner? (YES / NO) — YES circled

Nature of Accident :

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

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

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO — YES circled for both

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

SLA 3766C → ______ → ______ → ______

INSRS: WSP: CAC (ARC) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/12/17	~~SLA 3766C 2nd/Malayan/17072295/4 DOA 6/12/17~~
JOY	~~FBB 3550A~~ CONFLICTING VERSIONS
	~~- smartclaim~~ TO ASK EVIDENCE.
22-12-17 @ 1022	NO ANSWER.
22-12-17 @ 227 PM	NO ANSWER.
26-12-17 @ 428 PM	NO ANSWER.
27-12-17 @ 150 PM	OI CALLED, CONFIRMED ACC. DETAILS, UNDERSTOOD THAT IF NO EVIDENCE WE WILL HAVE TO SETTLE AWARE NCD ISSUE.
15/01/19	NO SURVEY DONE CANCELLED.

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:
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: