15/5/2010

INS. CASE OWNER: Stacey | CC 4 A&M /~~AXA~~1800 1219, p63 | LKK: IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 19/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLT 7719S

Claim No. : S8M007EB / 26241

Name of Insured : Xu Guozun

Policy No. :

Insured Tel No. : HP: 93870046

Make / Model : PORSCHE

Excess Sec II :S$ D.O.A : 08/01/18

Place of Accident : open up beside nex shopping center

Is driver the owner? (YES / NO) [NO circled]

Nature of Accident :

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

OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

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

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

GBC1860M

INSRS: Fang WSP: Tel : Liability : Pinto RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
2/1/18 LHT	GBC1860M - X SLT 7719S - X * smart claim " conflicting liability. To interview insured and seek approval b4 settlement. "
2/3/18 @ 3.21pm	Called OID, Ms Li. Confirm accident. She said that TP passed by her very fast & collided onto OI veh. She insisted that TP was not stationary. TP false report. Will check & get back to OID.
17/12/19	— No survey done — To cancel case

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)	Cancel case
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: