15/5/2010

INS. CASE OWNER: ~~TE~~ KGT | CC 4 / ASM1800 2877 / 11 yra3 | IDAC: 30517

ASSIGNMENT

Surveyor: CKS　DOI: 13/2/18　Date / Time: 12/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBG 1459T	Claim No. :	SAM 00852 / 30517
Name of Insured :	CHEN DYNASTY MARKETING	Policy No. :	VCA/P1970859
Insured Tel No. :	HP:	Make / Model :	KIA K2500
Excess Sec II :S$	D.O.A : 9/2/18	Place of Accident :	MANDAI ESTATE
Is driver the owner? (YES / NO)		Nature of Accident :	
If NO, Driver Name / Age :	KALI PALAMS MY	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	97235161 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

GBE 7593J → →

INSRS:
WSP: chin meng.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
21/2	~~GBE 7593J - CS / Tm 1 17016815 / K1962n7 ; DOA 29/8/17~~
	6BG1459T - X
14/6/19	Confirm accident details inform TP claim letter send out Pending PIR.
3/7/19	Seek mandate via SMART
19/11/19	- ORIG. TP LOD IN - AXA IN VIEW TO RESORT TP CLAIM. - EMAIL TO TP TO RESORT CLAIM - TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	14/6/19
After call ltr to OI:	vivian

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:		

Close　VIC　19-11-19

PRELIMINARY ADVICE Date/Time: 14/v　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. : NW	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –	RESORT TP CLAIM
Loss of Rental (LOR):	S$ – (days)	TP LIKELY HOVED OUT
Loss of Use (LOU):	S$ – ($ x days)	FROM GTS ROAD
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: $350.00
Total:	S$ – **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:	–