INS. CASE OWNER: Ernest | CC 4 / ASM ~~AXA~~1800 3873 / 9 063 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time: 28/7/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJA 1094K	Claim No. :	C8M009mR / 32383
Name of Insured :	LOH PEI SOON	Policy No. :	GA067843
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A.: 24/7/18	Place of Accident :	OUTSIDE HOUSE – 10 BERWICK HOUSE
Is driver the owner?	(YES / NO) (NO circled) Nature of Accident :		
If NO, Driver Name / Age :	MICHOLAS LOH WEMM SIONG	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**

GBD9077M → ______ → ______ → ______

INSRS: Cin Cheng WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	GBD9077M → SJA1094K →
27/7/18	
TTH	✓ smartclaim.
8-7-18	TP - SUSAN SAID PRIVATELY SETTLED.
28/06/19	CANCEL. NO SURVEY DONE.
Y	TP & OI SETTLED PRIVATELY.

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$ (S$ x days)		
Loss of Income (LOI):	S$ (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:	