15/5/2010

INS. CASE OWNER: Cynthia | CC 4 ASM /~~AXA~~1800 3882, [illegible]

LKK:
IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 28/2/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : FBD 3286T		Claim No. :	S8M008Q9137649
Name of insured : PHYO MIN THEIN		Policy No. :	AN 3160971
Insured Tel No. :	HP: 84999918	Make / Model :	YAMAHA
Excess Sec II :S$	D.O.A : 10/12/17	Place of Accident :	AYE
Is driver the owner? (YES / NO)	Nature of Accident :		

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**

SKR7234 → ______ → ______ → ______

INSRS: WSP: Hitachi Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
7/2/18	SKR7234: [illegible] ~~[illegible]~~
	FBD3286T
7TH	* smartclaim.
7/3/19.	Inform by TP repairer that client repair his vehicle at his own w/s. Proceed to close file at our end.
07-3-19	* No bill to AXA as no survey done by LKK
	TO CANCEL FILE .

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$ (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:	