5/5/2010

INS. CASE OWNER: Stacy | CC4 ASM ~~AXA~~1800 3982, KP 163 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH   DOI: 02/03/18   Date / Time: 1/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SFE 3433B	Claim No. :	S8M00916 / 32011
Name of Insured :	YEO SHU YI	Policy No. :	UA109376
Insured Tel No. :	HP: 98178379	Make / Model :	AUDI
Excess Sec II :S$	D.O.A : 11/3/18	Place of Accident :	TAKASHIMAYA LP LVL 6
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age :   OI GIA REPORT (YES) / NO ; TP GIA REPORT (YES) / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

SFJ 1888R → → →

INSRS: WSP: MBM Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFJ1888R – X SFE 3433B – X
4/3/18	* Smart claim.
VIZ	UTP hit onto rear of OI. Liability down on TP.
5/3/18	call insured no response.
6/3/18	called OI no response
	OI called. Confirm accident details. OI mention TP rear ended OI. OI disputed TP claim and mentioned TP try to contact her and the workshop to offer private settlement but OI rejected. Inform OI to keep us update on her claim status. letter / email sent to OI.
	→ To check with TP for evidence.
15/11/19	– OI/TP INACTIVITY. SUBMIT WP REPORT

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:	CHT 12/3/18

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. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	WP REPORT / TP INACTIVITY NO SETTLEMENT
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: WP REPORT
Legal Cost	S$ —	3) Survey fee: $250.00
Total:	**S$ 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:	—