15/5/2010

INS. CASE OWNER: Cynthia | CC 4 /ASM ~~AXA~~ 1800 3987 / M 63 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 6/3/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : XB 9731U — Claim No. : S8M0098U | 32883

Name of Insured : VEOLIA ES SINGAPORE PTE — Policy No. : P1162934

Insured Tel No. : ______ HP: ______ — Make / Model : ISUZU

Excess Sec II :S$ $5000 D.O.A : 16/2/18 — Place of Accident : LENGKOK MARIAM

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : ROSLI BIN WAKIMIN — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 98606025 (V/L: YES / NO) — Insured Liability : % **Final ? Yes / No**

SGZ 3939A → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: 700 Tuk Kee (Apex)	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
7/3/18	SGZ3939A-Y XB9731U-Y
Bevan	# Smash down
	"ID hit parked vehicle" "pls check ID's of OIL."
7/3/18	Called OID, confirm accident details. OID mentioned he was turning right and collided with TP vehicle who is stationary. Inform about TP. Letter sent to OI to inform NCD will be affected.
7/3/18	email to AXA for DS.
7/3/18	To cancel file, TP change SJE to LBS. NO survey done.

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:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	S$	OID hit to stationary TP
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:
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: