INS. CASE OWNER: Stacy. | CC 4 ASM /AXA1800 414, P63

LKK:
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 7/2/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SGF 5015K

Name of Insured : YU MING

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A: 06/02/18

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

If NO, Driver Name / Age : YAP MENG MIN.

Driver Tel No. : _____ (V/L:(YES)/ NO)

Claim No. : S8M00A64 / 33788

Policy No. : GTRDA640(1

Make / Model : MERCEDES

Place of Accident : BRAESTIER RD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : _____ % **Final ? Yes / No**

SLU 4059C ⟶ _____ ⟶ _____ ⟶

| INSRS: tan motor
WSP:
Tel :
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: | INSRS:
WSP:
Tel :
Liability :
RMKS: |

Date/ Time			STAGE	DATE / PIC
M 11/8	SLU 4059C -x	SGF5015K -4	Non-Reporting ltr (1st):	
lut	$ Smart claim.		Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
5/6 - UIWP			Notification ltr (if non-pickup):	
			Call OI:	
12/12/19 —	No survey plan		After call ltr to OI:	
4	To cancel ref		**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:	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

Post-Repair Photos:
Others:

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 file	
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:			