INS. CASE OWNER: Cynthia | CC 4 /~~AXA~~ ASM 1800 4503, PU63

LKK:
IDAC:

ASSIGNMENT

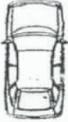Surveyor: _____ DOI: _____ Date / Time: 8/3/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : CB 7301P

Name of Insured : FAL T A T SERVICES

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 13/7/18

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

If NO, Driver Name / Age : SOH POH HOCK

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

Claim No. : S8M009QE/ 34152

Policy No. : P0986645

Make / Model : TOYOTA

Place of Accident : MML OF NW THROWN KELHILL & UPP BT TIMAH RD

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

Insured Liability : ____ % Final ? Yes / No

SEE 8837T → _____ → _____ → _____

INSRS: VME	INSRS:	INSRS:	INSRS:
WSP: Bradden	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
17/7/18	SEE 8837T -X CB7301P -X		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
7M	A smart claim		Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
			Call OI:	15/4/19 +Cynthia
18/4/Me 11.15am	-Spoken to OIC(rep: Mr.michael). He confirmed the mva. Informed OI on TP claim, agreed to settle and advise ACD will be affected if applicable.		After call ltr to OI:	
			Documentation Check List:	Handler Typist
			Notification ltr (if non-pickup)	☐ ☐
			After call ltr to OI:	☐ ☐
13/7/19 15/07/19	Cancel case. TP converted to OI). No survey done by LKK		Authorisation To Act:	☐ ☐
			Release Voucher:	☐ ☐
	↳		Final Repair Bill:	☐ ☐
			Car Rental Invoice:	☐ ☐
			Towing Invoice:	☐ ☐
2/8/19	Kee JSMin Pit to close /can		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. : NIL		If NO or B 28, Ass. Lia :
Repair Cost:	S$		(BOTH TURNING)
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		Cancel
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:	