

1552-10

INS. CASE OWNER

Stacey

CC 4 / AXA18005449 / M3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

DOI:

Date / Time:

23/03/18

Registered in Merimen:

23/03/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5657L

Claim No.:

C0472610

Name of Insured:

TRANS - OMB SERVICES PTE LTD

Policy No.:

P1680520

Insured Tel No.:

HP:

Make / Model:

RENAULT LATITUDE - 2.0L (A)

Excess Sec II : \$S

5,000.00

D.O.A.:

20/03/18

Place of Accident:

MIDDLE ROAD TOWARDS VICTORIA STREET

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age: OH DON HIN

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

Driver Tel No.: 8467 8894

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHA 6954H



INSRS:

WSP: C066

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

SHA 6954H - CC2/ATG10009659/FolP2g2 DOA: 15/03/18

- CC2/ATG10009659/FolP2g2 DOA: 20/03/18

SHC 5657L - CC2/ECI16010434/Kuh3 DOA: 05/06/18

- CC2/ECI16010434/Kuh3 DOA: 20/03/18

23/03/18 (Even)

# claim each other.

11-12-18

Pmt in dms

To cancel. no survey done.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

\$S

( days) Reduction:

%

FINAL SETTLEMENT

Date/Time:

Confirm with:

Final Liability:

%

(Agreed / Assessed) BOI A S/N No.:

Repair Cost:

\$S

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 + LOU

[Tick only one]

GIA/TA Search

\$S

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/Independent)

Legal Cost:

\$S

Total:

\$S

Global Fee: \$S

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

\$S

Name 1:

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call (H):

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:

Billing Invoice:

GIA / GIA:

Medical Bill:

TR:

Undate/Reject Instruction:

GIA:

Payment Breakdown Form:

Post-Repair Photos:

Others:

Confirm by:

Email ☐ Call ☐Email ☐ Call ☐

NO or B 28, Ass. Lia:

Claim status: Normal/Reject/Private Settle

Report Format:

Survey fee:

Email ☐ Call ☐