15/5/2010

INS. CASE OWNER: Stally.

CC9 /AXA1800 ASM 6773 / MB3

LKK:

IDAC:

ASSIGNMENT

Surveyor: DOI: P Date / Time : 17/4/18.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLA 3603T	Claim No. :	S8MOODB5 / 39595
Name of Insured :	DHANUKU SUNAINA VIJAKUMAR.	Policy No. :	P1735690
Insured Tel No. : HP:		Make / Model :	BMW
Excess Sec II :S$	D.O.A : 6/4/18	Place of Accident :	RAFFLES TOWN CLUB TRAFFIC LIGHT
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :	KANAMARI APPADI LAKSHMAN	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO) Gupta	Insured Liability : %	Final ? Yes / No

SB6Z → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel : CKL	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
17/4/18 Bevan	SB6Z – X SLA3603T – X	
	* Smartclaim	
13/4/18	call OID confirm accident detail. OID mention Both party change lane. OID has CCTV footage. inform TP Clm OID claim NCD with letter sent to OI. PATRICK TIA TEL: 65837466	
11/3/2020 –	To cancel. No survey.	
16/3/2020 –	File → Sent to clear/cancel	

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:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia : Conflicting.
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 + 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:	