

INS. CASE OWNER:

Frank Chan | CC AXA 1800 720, K 1/18

LKK:

IDAC:

Surveyor:

KONNETH

DOI:

ASSIGNMENT

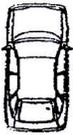
2/10/18

Date / Time:

18/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKO 6941T

Claim No. :

88000871/10279

Name of Insured :

STEPHANIE SAM ZI YUAN

Policy No. :

GA 23008711

Insured Tel No. :

HP: 92233769

Make / Model :

Audi

Excess Sec II : \$\$

D.O.A :

17/11/18

Place of Accident :

WOODLANDS AVE 1

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

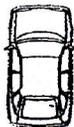
Insured Liability : % Final ? Yes / No

City Auto

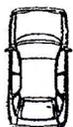


INSRS: WSP: Tel: Liability: RMKS:

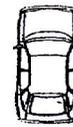
city auto



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date / Time		STAGE	DATE / PIC
19/11/18	Surveyor - Frank Chan	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	21/11/18
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$\$ (days) Reduction: % Email  Call

FINAL SETTLEMENT Date/Time: 20/11/18 Confirm with: IRONICA Email  Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 28 If NO or B 28, Ass. Lia: 0% (3 VEH. C.O.; 01 2ND)

Repair Cost: (w/loss) \$\$ 1,016.50

Loss of Rental (LOR): \$ (days)

Loss of Use (LOU): \$\$ 300.00 (\$ 100 x 3 days)

Loss of Income (LOI): \$ (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search \$\$ 2.00

Medical: \$\$ -

Disbursement: \$ (e.g. Tow/Independent)

Legal Cost: \$ -

Total: \$\$ 1,318.50 Global Sum \$\$: -

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$ 1,318.50 Name 1: CITY AUTO PTE LTD

Payee 2: (Strike if N.A.) \$ - Name 2: -

Payee 3: (Strike if N.A.) \$ - Name 3: -