15/5/2010

INS. CASE OWNER: Cynthia CC 4/AXA1800 8459 / W63

LKK:

IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 8/5/18

Registered in Merimen: 8/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHL 5162Y.

Name of Insured : TEAWO-CAB SERVICES PL

Insured Tel No. : HP:

Excess Sec II :S$ $5000 D.O.A : 2/4/18

Is driver the owner? (YES / NO) [NO circled] Nature of Accident :

If **NO**, Driver Name / Age : LEE TECK HOCK

Driver Tel No. : (V/L: YES / NO) [YES circled]

Claim No. : 10473606

Policy No. : VPX/PL680520

Make / Model : RENAULT

Place of Accident : KAMPONG BAHRU RD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO [YES circled on both]

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

SKS 39J → →

INSRS:
WSP: Estelm:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
10/5/18 vivian	SKS 39J - CS/C/1180A960/R2936 DOA. 2/4/18
	SHL 5162Y - 4
23/5/18	Confirm accident details. inform TP claim letter send out
03/04/19 4	TO cancel File. NO survey done

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	23/5/18
After call ltr to OI:	vivian.

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:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
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: cancel. File
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: