15/5/2010

INS. CASE OWNER:

CC 6 / AIG1800 8619 / ~~A~~ pa3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ~~ADRIAN~~

DOI: 7/5/18

Date / Time : 7/5/18

Registered in Merimen: 10/5/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU8231G		Claim No. :	
Name of Insured : YOW THAM POH		Policy No. :	
Insured Tel No. :	HP: 96930922	Make / Model : MAZDA 3	
Excess Sec II :S$	D.O.A : 3/5/18	Place of Accident : PIE	
Is driver the owner? ((YES) / NO)	Nature of Accident :		
If **NO**, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SKU8231G → SGR866R → WWH9682 → SKK8089Z

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: MH1	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: AIG	RMKS: AXA	RMKS: TP	RMKS:

Date/ Time	
15/5	WWH9682 - CC6/ASM1800 8620 (Apa3 ; DOA 3/5/18
OI.	SKU8231G - X
10-09-20	* To cancel Ref.
	* Survey done under AXA Assign.

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:	%	(Agreed / Assessed) BOLA S/N No. :	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:
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:	