INS. CASE OWNER: _Upalhaiai_ | CC4 ASM /AXA1800 9493, 263 | LKK: ___ IDAC: ___   (A)

ASSIGNMENT

Surveyor: _____   DOI: _____   Date / Time : _4/5/18_

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _SGU 2275S_   Claim No. : _S8M0dTT4 / 47387_

Name of Insured : _BONANI MUHAMMAD HIZIR BIN_ Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :S$ _____   D.O.A : _4/5/18_   Place of Accident : _____

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**

SFU 1228Y →   →   →   →
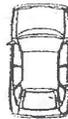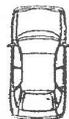
	INSRS:	INSRS:	INSRS:	INSRS:
	WSP: SM	WSP:	WSP:	WSP:
	Tel :	Tel :	Tel :	Tel :
	Liability :	Liability :	Liability :	Liability :
	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time				STAGE	DATE / PIC
5/6/18	SFU 1228Y - X	SGU 2275S - X		Non-Reporting ltr (1st): 4.6.18	
				Non-Reporting ltr (2nd): 1AR 17.7.18	
				Non-Reporting ltr (Final): 10.9.18	
	* smartclaim			Notification ltr (if non-pickup):	
				Call OI:	
4/6 - DINK				After call ltr to OI:	
	- no OI GIA. sent out 1st LETTER.			**Documentation Check List:** Handler Typist	
				Notification ltr (if non-pickup)	
				After call ltr to OI	
17.7.18	SENT OUT 1ST AR NON REPORTING LETTER.			Authorisation To Act:	
				Release Voucher:	
1.8.18	AXA INFORM NON REPORTING.			Final Repair Bill:	
				Car Rental Invoice:	
27.05.19	INFORM AWS CANCEL CASE AS THIRD PARTY DID NOT SENT IN			Towing Invoice	
	THE VEH OR SURVEY TILL DATE.			LTA / GIA :	
				Medical Bill:	
			28/5/2019	PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	

PRELIMINARY ADVICE	Date/Time:		Sent By:	Post-Repair Photos:	
				Others:	

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:			