15/5/2010

INS. CASE OWNER: Ernest | CC4 / ~~AXA~~ ASM A180 0074 / wb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 4/6/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SFA 2898C | Claim No. : SBM007884 / 49601

Name of Insured : HEOK KAY HENG ADRIAN | Policy No. : VA1 / GIA 7437707

Insured Tel No. : ______ HP: 83828888 | Make / Model : NISSAN

Excess Sec II :S$ ______ D.O.A : 21/5/18 | Place of Accident : ORANGE RD TURNING INTO ONE TREE HILL

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**

EJ1999A → ______ → ______ → ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: performance	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	EJ1999A - 4 SFA 2898C - 4
5/6/18 vivian	* smartclaim
7/6/18	called O2, HP off
12/6/18	called O2, HP off
13/6/18	called O2, HP off
13/6/18	Send letter to O2
4	Email to wkshop given 10 days notice.
23/4/19	Cancel file no survey done
4	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	14/6/18 vivian
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:	% 100 (Agreed / Assessed)	BOLA S/N No. : N	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:	