

15/5/2010

INS. CASE OWNER:

Ernest

CC4 ASM AXA180 0074 / wbb

LKK:

IDAC:

ASSIGNMENT

Surveyor:

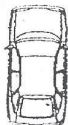
DOI:

Date / Time:

4/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFA 2898C

Name of Insured:

HEOK KAY HEM ADRIAN

Insured Tel No.:

HP:

8382888

Excess Sec II :S\$

D.O.A.:

7/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8MU0784 / 49601

Policy No.:

VAT/GHNE3777

Make / Model:

MISSION

Place of Accident:

WATHE RO turning into ONE TREE HILL

If NO, Driver Name / Age:

Driver Tel No.:

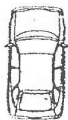
(V/L: YES / NO)

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

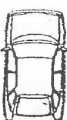
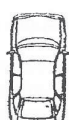
Insured Liability: %

Final ? Yes / No

EJ1999A

INSRS:
WSP:
Tel:
Liability:
RMKS:

performance

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

Date/ Time

5/6/18
vinin

EJ1999A - 4

SFA 2898C - 4

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:

7/6/18

called 02, HP OFF

12/6/18

called 02, HP OFF

13/6/18

called 02, HP OFF

13/6/18

Sent letter to 02

23/6/18

Email to workshop given 10 days notice.
Cancel file NO Survey done

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

Cancel File

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: