15/5/2010

INS. CASE OWNER: JNS | CCU ASM / ~~AXA~~1801 0406 / G663 | LKK: IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 07/06/18 Date / Time: 7/6/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLW 1328K	Claim No. :	S8M00JH0 (?) | 50133 (?)
Name of Insured :	TENG FERWIN (?)	Policy No. :	VBI (?) / 6A417484 (?)
Insured Tel No. :	HP: 81189331 (?)	Make / Model :	BMW
Excess Sec II :S$	D.O.A : 3/6/18	Place of Accident :	CROSS JNC RAFFLES AVE TO STAMFORD RD RD
Is driver the owner? (YES / NO) — YES circled	Nature of Accident :		

If **NO**. Driver Name / Age : OI GIA REPORT: YES / NO — YES circled : TP GIA REPORT: YES / NO — YES circled

Driver Tel No. : (V/L: YES / NO) — YES circled Insured Liability : % **Final ? Yes / No**

SJE 9545R → ______ → ______ → ______

INSRS: City (?) WSP: ANTU (?) Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJE 9545R → / SLW 1328K →
8/6/18 VV (?)	
	* Smart claim.
	- OI VIDEO IN. V DRIVE / VICT OWN LOOK (?)
07/06/18	- AXA INSTRUCTED TO RESEOT (?) TP CLAIM.
18/06/18	- EMAIL TO TP TO RESEOT (?) CLAIM
	- TO CLOSE.

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: 11/06/18 Sent By: VB (?)

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$ -		NO SETTLEMENT RESEOT (?) TP CLAIM
Loss of Rental (LOR):	S$ -	(days)	
Loss of Use (LOU):	S$ -	(S x days)	
Loss of Income (LOI):	S$ -	(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 — Reject circled
Disbursement:	S$ -	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ -		3) Survey fee: $350.00
Total:	**S$**	**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: -