15/5/2010

INS. CASE OWNER: Cynthia | CC4 / ~~AXA~~ ASM 1801 3060 / ~~163~~ | LKK: | IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 9 18/7/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SLQ 9009K

Name of Insured : SOON YI WEI

Insured Tel No. : ______ HP: ______

Excess Sec II :S$ ______ D.O.A : 15/7/18

Is driver the owner? ((YES) / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: (YES) / NO)

Claim No. : S8M00OT9 | 58464

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: (YES) / NO : TP GIA REPORT: (YES) / NO

Insured Liability : % **Final ? Yes / No**

SLC 9491Z → ______ → ______ → ______

INSRS: WSP: Wearnes. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLC 9491Z - 4 SLQ 9009K - 4
19/7/18	
pohkan	~~Own~~ claim
	OINK, sent out 1st letter.
	9066 8685 mandy 6378 9336
	Derek 9818 7217
05/09	OI GIA Report in
30/10 -	Req AVF from both parties.
	10 days notice send TP.
19/11 -	cancel case *NO survey done*
	Seek AXA approval to close case.
11-12-19	TO CANCEL. NO SURVEY DONE
4	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	26/08/2019
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:	☐	☐

CANCEL

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:	