15/5/2010

INS. CASE OWNER: Ernest | CC 4 Asm /AXA1801 7771 / D 6b3 RW | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 26/07/18 Date / Time : 27/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : CB 7302L — Claim No. : S8MOOP FA 59161

Name of Insured : SFX TRANSPORT SERVICES. — Policy No. :

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

Excess Sec II :S$ D.O.A : 20/7/18 — 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**

SLE 6895K →

INSRS: WSP: Bodyfix Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS: | INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
26/7/18	SLE 6855K - X CB 7302L - X
VIC	
	# smartclaim
	- OINR, SENT OUT 1ST LETTER.
07/08/18	- NO OI GIA REPORT IN YET.
31/08/18	- OI NON-REPORTING. ADVISED TO FOLLOW UP OI. IA MANDATE UPLOADED.
	- SEND 1ST REMINDER LETTER TO OI.
11/09/18	- OI GIA REPORT IN.
	- OID REPORTED NO COLLISION. EMAIL TO TP FOR EVIDENCE.
	- IA MANDATE UPLOADED.
19/10/2018	Finalise L/S 1750/- with 3 days ?

STAGE	DATE / PIC
Non-Reporting ltr (1st):	26/07/18
Non-Reporting ltr (2nd):	31/08/18
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: 27/07/18 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by: ABT

Repair Cost: L/S S$ 1,750.00 (3 days) Reduction: 84 % 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$	(S x days)	
Loss of Income (LOI):	S$	(S x days)	
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [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: TP
Legal Cost	S$		3) Survey fee: $250
Total:	**S$**	**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:	