

15/5/2010

INS. CASE OWNER:

Ernest

CC 4 ^{ASM} / AXA1801 77771, D/b3

LKK:

IDAC:

Surveyor:

BRYAN

DOI:

ASSIGNMENT

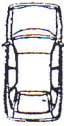
26/07/18

Date / Time :

20/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

CB 7702L

Name of Insured :

SFX Transport Services

Insured Tel No. :

HP:

Excess Sec II :\$S

D.O.A :

20/7/18

Is driver the owner?

(YES / NO)

Nature of Accident :

Claim No. :

S8MOUP FA/59161

Policy No. :

Make / Model :

Place of Accident :

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

SUF 6855K

INSRS:
WSP:
Tel :
Liability :
RMKS:

Bodyfix

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

Date/ Time		STAGE	DATE / PIC
20/7/18	SUF 6855K -X	Non-Reporting ltr (1st):	22/07/18
		Non-Reporting ltr (2nd):	21/08/18
		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: 21/07/18 Sent By: JIC

FINALIZATION		Date/Time:	Confirm with:	Confirm by:
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			
Disbursement:	\$S	(e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost	\$S			2) Report Format: TP
Total:	\$S	Global Sum \$S:		3) Survey fee: \$250
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:		