

15/5/2010

INS. CASE OWNER:

Jas

CCV

ASM

/AXA1801

4847,

hbb

LKK:

IDAC:

ASSIGNMENT

DOI:

Date / Time:

15/8/18

Surveyor:

Registered in Merimen:

Pre-assign / CCU / FTE

SLV 401E

Claim No.:

S8m0053N | 67603

Policy No.:

Make / Model:

BMW

Place of Accident:

WIRGIN PARK



Insured Vehicle No.:

Name of Insured:

MO TING WAI CHRISTINE

Insured Tel No.:

HP: 98588225

Excess Sec II :S\$

D.O.A: 18/8/18

Is driver the owner?

(YES / NO)

Nature of Accident:

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

If NO, Driver Name / Age:

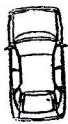
(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

Driver Tel No.:

SJP 8713A



INSRS:

WSP:

Tel:

Liability:

RMKS:

che



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
16/8/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	30/08/18 - vic
	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:	Sent By:	Confirm with:	Confirm by:
FINALIZATION		Date/Time:		Confirm with:	Email ☐ Call ☐
Repair Cost:	S\$	() days	Reduction:	%	Email ☐ Call ☐
FINAL SETTLEMENT		Date/Time:		Confirm with:	If NO or B 28, Ass. Lia:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No.:		
Repair Cost:	S\$	() days			
Loss of Rental (LOR):	S\$	(\$ x days)			
Loss of Use (LOU):	S\$	(\$ x days)			
Loss of Income (LOI):	S\$	(\$ x days)			
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LO ☐			[Tick only one]	
GIA/LTA Search	S\$				1) Claim status: Normal/Reject/Private Settle
Medical:	S\$			(e.g. Tow/ Independent)	2) Report Format:
Disbursement:	S\$				3) Survey fee:
Legal Cost	S\$				
Total:	S\$			Global Sum S\$:	Email ☐ Call ☐
FINAL PAYMENT		Date/Time:		Confirm with:	
Payee 1:	S\$			Name 1:	
Payee 2: (Strike if N.A.)	S\$			Name 2:	
Payee 3: (Strike if N.A.)	S\$			Name 3:	

CANCELED
NO SURVEY