Bee

15/5/2010

INS. CASE OWNER: Cynthia | CC 4 /~~AXA~~1801 Adm. 5201 / P elb | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 27/8/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SGE 9542C

Name of Insured : TEO KOK PECK

Insured Tel No. : ______ HP: ______

Excess Sec II :S$ ______ D.O.A : 18/8/18.

Is driver the owner? (YES / NO) Nature of Accident :

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

Driver Tel No. : (V/L: YES / NO)

Claim No. : S8M0062N / 64900

Policy No. :

Make / Model :

Place of Accident :

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

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

SKN 4827B → ______ → ______ → ______

INSRS: WSP: Golden Bell Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SKN4827B-X SGE9542C-X
27/8/18 Asher	
	A general claim.
	- OINR, sent out 1st letter.
20.11.18	INSURED REPORTED.
29/4/19	To cancel - ~~not~~ NO survey done
8/5/19	Fe → SV → cancel

STAGE	DATE / PIC
Non-Reporting ltr (1st):	23/8/18
Non-Reporting ltr (2nd):	10/9/18
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: 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)	Cancel Case
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:
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: