15/5/2010

INS. CASE OWNER: Cynthia | CC 4 /~~AXA~~ A3M 1801 5846, [illegible]

LKK:
IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 30/8/18.

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No.	: GBA 6948Y.	Claim No.	: S8M00(?)[illegible] / 65416.
Name of Insured	: SOONHUTON AGRICULTURE IMPEX PTE	Policy No.	: P1947755
Insured Tel No.	: ______ HP: ______	Make / Model	: FIAT.
Excess Sec II :S$	______ D.O.A : 21/8/18.	Place of Accident :	ROCHOR CANAL RD.
Is driver the owner?	(YES / NO) Nature of Accident :		
If **NO**. Driver Name / Age :	LOH BOON HENG BENJAMIN.	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SKW 7157X →

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

Date/ Time	
	SKW 7157X – X GBA 6948Y – Y
5/9/18	
[illegible]	# Smartclaim.
27/6/19	revert to OD
27/6/19	Cancel File No Survey done

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
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:		

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$	(S x days)	
Loss of Income (LOI):	S$	(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: Cancel File
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:	