

CC4/ASM18016564/R1es3

15/5/2010

INS. CASE OWNER:

Stacy
Rasul

CC4/AXA1801

LKK:

IDAC:

DOI:

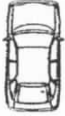
ASSIGNMENT

Date / Time :

11/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJP 6210

Claim No. :

S8M0006M / 68757

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A :

1/11/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature 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

FU 6020



INSRS:

WSP:

Tel :

Liability :

RMKS:

Southern



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	PU6020-X	Non-Reporting ltr (1st):	
	SJP 6210-X	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:	
Repair Cost:	L/S \$S 400.00 (2 days) Reduction: 62 %	Email ☐ Call ☐	
FINAL SETTLEMENT Date/Time:		Confirm with:	
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐	
Repair Cost:	\$S	If NO or B 28, Ass. Lia :	
Loss of Rental (LOR):	\$S (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		
Medical:	\$S	1) Claim status: Normal/Rejected/Under Review	
Disbursement:	\$S (e.g. Tow/ Independent)	2) Report Format: TP / WP	
Legal Cost	\$S	3) Survey fee: \$250	
Total:	\$S Global Sum \$S:		
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	\$S Name 1:	Email ☐ Call ☐	
Payee 2: (Strike if N.A.)	\$S Name 2:		
Payee 3: (Strike if N.A.)	\$S Name 3:		