

INS. CASE OWNER:

CC 4, ASM 180 17030, 17030, 17030

LKR:  
IDAC:

6995

## ASSIGNMENT

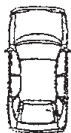
Surveyor:

DOT:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

HP:

D.O.A: 15/09/2018

Nature of Accident:

(V/L: / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

East Coast Rd

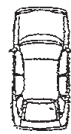
OI GIA REPORT:

NO ; TP GIA REPORT: YES / NO

Insured Liability:

% Final ? Yes / No

SMC3850Z

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:Hock  
Non (7)INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

17/10  
UPU

SMC3850Z

SE8888B

NAME: 801952124 ; D.O.A: 15/09/18

STAGE

DATE / PIC

Non-Reporting ltr (1st): 20/08/2019

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:

15/09/18 - sent out 1st letter.

19/10/18 - e-mail to AXA to check any GIA

to check whether TP still carry on, no survey done yet

29/10 - Both parties agreed to settle privately  
to cancel case. No survey done.

11/12/19

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\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

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: