15/5/2010

INS. CASE OWNER: RA | CC 4 / ASM 180 18428 / U9a3 | LKK: IDAC: 74098

ASSIGNMENT

Surveyor: Marcus | DOI: 25/9/18 | Date / Time: 9-10-18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	GBD 8663P	Claim No. :	SGMV0YH9
Name of Insured :	Forwarders & Delivery Agency SG Pte	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 29/7/18	Place of Accident :	
Is driver the owner? (YES / NO) (NO circled)	Nature of Accident :		
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO (YES circled) ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO) (YES circled)	Insured Liability : %	**Final ? Yes / No**

GBB 2494K →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: thunk One.	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
Am Joy	GBB 2494K - CC3/ASM1180/14634/K1860Z; DOA: 26/7/18
	- CC1/M11170/14634/NC-1; DOA: 26/7/18
	GBD8669P. x
11/10	DUMR. sent out FT letter. [OI reported]
26/6/19	Email workshop liability unclear.
	- TO GET LOA
	- OIS REPORTED NOT AWARE OF ACCIDENT, NO COLLISION.
20/12/19	- TP WITHDRAW CLAIM
	- EMAIL AXA TO SUBMIT WP REPORT
	- TO CLOSE.

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)	NO SETTLEMENT TP WITHDRAW CLAIM
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$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —	3) Survey fee: $250.00
Total:	S$ — **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:	—