15/5/2010

INS. CASE OWNER: PA | ~~CC4 / Asm 180 18559 / T1ga3~~ | LKK: 74835 | IDAC:

CC4/AXA18018559/T1ga3

ASSIGNMENT

Surveyor: MH | DOI: 12/10/18 | Date / Time : 12/10/2018

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC5451M

Name of Insured : TLCAB SVS P/L

Insured Tel No. : HP:

Excess Sec II :S$ 5,000.00 D.O.A : ~~8.10.18~~ 08/08/2018

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

If NO, Driver Name / Age :

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

Claim No. : 58M00200

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

FBC437OR

INSRS: WSP: Tel : Liability : RMKS: Pan Emo Bikes

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
30/10	FBC437OR - NATIONAL [illegible] c/w : [illegible] 30/10/18
	SHC5451M - [illegible] ; [illegible] 13/3/19
16/9 -	~~Rec AR from TP.~~ Email LOI.
7/3/2021.	TP WKSHP inform claimant withdraw TP claim as bike has been sold. Submit WP.
24-6-19	EMAIL TP WSP FOR THEIR LOD.
26-4-19	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CPL
After call ltr to OI:	16/9/19.

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: 45 S$ 3050.00 (8 days) Reduction: $1316.39 % 30. Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 100. (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	01 major → minor.
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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$	3) Survey fee: $250/-
Total:	S$ 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:	