15/5/2010	CC PASSIGN CC PASSIGN DOI:	1515 Flin LKK: IDAC:
INS. CASE OWNER	CC (/AXA1002	V / (· / ·
Surveyor:	ESC ASSIGN	1.17
Pre-assign / CCU	/ ETE	
Tre-assign/ CCC	SUH 8061L	5 & mointy (80490
Insured Vehicle No	. :	Claim No. : 7
Name of Insured		Policy No. :
Insured Tel No.	:HP:	Make / Model :
	A 1 (
Excess Sec II :S\$	D.O.A: N [11 18	Place of Accident :
Is driver the owner	? (YES / NO) Nature of Accident :	
If NO, Driver Nan	ne / Age :	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel	No.: (V/L: YES / NO)	Insured Liability: % Final? Yes / No
595 1672	1	
797 [0 17	\perp \rightarrow \rightarrow	
INSRS:	INSRS:	INSRS: INSRS:
WSP: MU	WSP:	WSP: WSP: Tel:
Tel: Liability:	Tel: Liability:	Tel: Liability: Liability:
RMKS:	RMKS:	RMKS: RMKS:
Date/ Time	C6516727-X (41/18/16)	STAGE DATE/PIC
	59516751-X av 8001	STAGE DATE/PIC Non-Reporting ltr (1st):
		Non-Reporting ltr (2nd):
		Non-Reporting ltr (Final):
	Stomert Vinn.	Notification ltr (if non-pickup):
	ARO med along	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
PINALIZATION	Data/Times	Others:
FINALIZATION Papair Costs	Date/Time: Confirm with:	Confirm by:
Repair Cost: FINAL SETTLEMENT	S\$ (days) Reduction: Date/Time: Confirm with	%
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	Email Cal If NO or B 28, Ass. Lia :
Repair Cost:	% (Agreed / Assessed) BOLA S/N No. :	II NO 01 D 20, ASS. LIB;
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 + LO [Tick only of	one]
GIA/LTA Search	S\$	
Medical:	S\$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ (e.g. Tow/ Independe	The state of the s
Legal Cost	S\$	3) Survey fee:
Total:	S\$ Global Sum S\$:	
FINAL PAYMENT	Date/Time: Confirm with:	Email Cal
Payee 1:	S\$ Name 1:	
Payee 2: (Strike if N.A.)	S\$ Name 2:	
Payee 3: (Strike if N.A.)	S\$ Name 3:	