15/5/2010

INS. CASE OWNER: | CC 4 ASM /AXA1802 0797, / A63 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : P 15/11/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMD 8711A	Claim No. :	C8MO1175 / 81887
Name of Insured :	CHENG WEE LIANG	Policy No. :	P773779
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 06/11/18	Place of Accident :	SHARES AVE

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

If **NO**. Driver Name / Age : RAMAMOORTHY KARTHI

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

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

Insured Liability : % **Final ? Yes / No**

SLU 4717H → ______ → ______ → ______

INSRS: motor image WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
	SLU 4717H – Y SMD 8711A – Y	
20/11/18		
LIC	Asmaveclaim.	
21/08/19	– file reviewed. conflicting versions	
	– overall liability unclear.	
12/4/2019 @ 4.10pm – khanchana	Spoken to OID·OI is his boss. He confirmed the mva. Informed OID on TP claim, OID got no video & aware NCD will be affected.	
14/11/19	– To cancel ref. No survey done.	
29/11/19	– file → shr. P.tr + close / cancel	

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	7/12/19 khanchna
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. : NIL	If NO or B 28. Ass. Lia : (CONFLICTING VERSIONS)
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	Cancel ref.
Loss of Use (LOU):	S$ (S x days)	(No survey).
Loss of Income (LOI):	S$ (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:
Legal Cost	S$	3) Survey fee:
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: