

15/5/2010

INS. CASE OWNER:

Peter

CC 4 / AXA1802

Asm. 881,

p63

LKK:
IDAC:ASSIGNMENT

Surveyor: _____

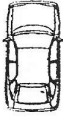
DOI: _____

Date / Time: _____

14/11/18

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. :

SMD 4282B

Name of Insured :

Ng Choon Han

Insured Tel No. :

HP: _____

Claim No. :

S8M0067/8258

Policy No. :

LND09904

Make / Model :

Perennial

Place of Accident :

PIE

Excess Sec II : S\$ _____

D.O.A. :

14/11/18

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO. Driver Name / Age :

Ng Shao Ming 18 years

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

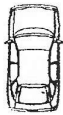
Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SEE 8077

INSRS:
WSP:
Tel :
Liability :
RMKS:

Went to

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
2/11/18	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
18/11/18	Notification ltr (if non-pickup)	
	After call ltr to OI:	
22/11/18	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:	
3/11/18	Free pass to Shu Pa for class cancel	
	No survey done.	
	Reject Case	
	By (staff) : Hsiao Tong	
	Approved by : [Signature]	
	Date : 22-11-18	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: S\$ _____	(_____ days) Reduction: % _____	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability: % _____	(Agreed / Assessed) BOLA S/N No. :	Email ☐ Call ☐
Repair Cost: S\$ _____		
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 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:
Payee 1: S\$ _____	Name 1: _____	Email ☐ Call ☐
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	