

15/5/2010

INS. CASE OWNER:

Stacey

CC 4 team
AXA1802

0962/12/16

LKK:

IDAC:

Surveyor:

ank

DOI:

ASSIGNMENT

20/11/18

Date / Time:

20/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJB 8701A

Claim No. :

S8mo 12/12/18

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A.:

12/11/18

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SUR 559T



INSRS:

WSP:

Tel :

Liability :

RMKS:

premier



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
	SUR 559T - 4		
	SJB 8701A - 4		
	* grant claim		
		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:	
Repair Cost:	SS (days) Reduction: %	Confirm by: 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:	SS		
Loss of Rental (LOR):	SS (days)		
Loss of Use (LOU):	SS (\$ x days)		
Loss of Income (LOI):	SS (\$ x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐	[Tick only one]		
GIA/LTA Search	SS		
Medical:	SS	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	SS (e.g. Tow/ Independent)	2) Report Format:	
Legal Cost	SS	3) Survey fee:	
Total:	SS Global Sum S\$:		
FINAL PAYMENT Date/Time:		Confirm with: Email ☐ Call ☐	
Payee 1:	SS Name 1:		
Payee 2: (Strike if N.A.)	SS Name 2:		
Payee 3: (Strike if N.A.)	SS Name 3:		

