15/5/2010

INS. CASE OWNER: Cynthia | CC Y ~~/AXA~~ ASM 1802 1560, P 1x63

LKK:

IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 21/11/18.

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGW 6149H	Claim No. :	S8M01338/84777
Name of Insured :	TAN HENG MANAGE	Policy No. :	GAV7838 76.
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 13/11/18.	Place of Accident :	KITCHENER RD.
Is driver the owner? (YES / (NO))	Nature of Accident :	OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO	
If **NO**, Driver Name / Age : YE E SHN HUA.			
Driver Tel No. :	(V/L: (YES) / NO)	Insured Liability : %	**Final ? Yes / No**

SGY 9777Y → ______ → ______ → ______

INSRS: UAC WSP: - Tel : - - Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/11/18 UC	SGY9777Y - X SGW 6149H - Y #Gmwt Yam.
14/12/18	- FILE REVIEWED. OI OVERTAKING TP FROM BEHIND. SEND LETTER TO OI TO NOTIFY TP CLAIM W NCD 1990559. - TP SCENE PHOTOS IN. UPLOADED IN 90. - PENDING DS - EMAIL LIABILITY CLEAR
28/6/19 — 02-07-19 — Y	No survey done To cancel TP → OD claim

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	14/12/18 - UC

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. :		If NO or B 28, Ass. Lia :
Repair Cost:	S$		
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:
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:	