15/5/2010

INS. CASE OWNER: [illegible] | C S , ASM 17023799 , Khai 31 | LKK: IDAC:

ASSIGNMENT

Surveyor: MRB DOI: 13/12/17 Date / Time : 14/12/18.

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLN8765H	Claim No. :	S7M00053V
Name of Insured :	Devinder Bhalla	Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 3/12/17	Place of Accident :	

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO (YES circled)

Driver Tel No. : (V/L: YES / NO) (YES circled) Insured Liability : % **Final ? Yes / No**

FV4606P → → →

INSRS: Sg98 WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
23/1 [illegible]	~~FV4606P - NA/CN 48018358/h4 : DOA: 28/10/15~~
	~~SLN 8765H - X.~~
	- WP REPORT ALREADY SUBMITTED BEFORE.
18/03/19	- MEETING W/ AXA @ LKK.
	- TPBI CLAIM. IA ALREADY UPLOADED BEFORE.
	- TO CLOSE OFF CASE AS AXA WILL HANDLE TPPD CLAIM.
19-03-19	TO CANCEL FILES, NO Survey done.

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:	

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: AGAINST OI	☐	☐
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: WS S$ 2,950.00 (4 days) Reduction: 48 % 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)	NO SETTLEMENT
Loss of Income (LOI):	S$ – ($ x days)	CANCELLED CASE.
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:	–