15/5/2010

INS. CASE OWNER: Stacy | CC 4 ASM 7AXA1900 7658, P Kbh. | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 13/7/19.

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJB 1130 | Claim No. : SAM01CRC/97003.

Name of Insured : DENNIS LAM KOK WEI | Policy No. : GA NEAR 5/1

Insured Tel No. : _____ HP: _____ | Make / Model : MERCEDES.

Excess Sec II :S$ _____ D.O.A : 1/7/19. | Place of Accident : PE Tmas Ltg.

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**

SFN 3978 → _____ → _____ → _____

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

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SFN 3978 - Y SJB1130 - Y
	~~of Gmnt Claim~~
30/4/19 @ 3.10 pm - Chanchna	- spoken to OI. Informed OI on TP claim & NCD will be affected if applicable. OI has a video & claims AXA has a copy and will not send us a copy. OI alleged that TP veh damage is nominal. VIDEO PROVIDED TO REPORTING CENTRE - SEH Motor Pte Ltd.
~~18~~ 18/1/2020.	→ Cancel. No survey done. TP withdrawn claim
21/1/2020	→ File → SUM for close / cancel

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	30/4/19 - Chanchna
After call ltr to OI:	e-mail only

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 ☐ Cal ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OI REAR END TP)
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	
Loss of Use (LOU):	S$ ($ x days)	Cancel case.
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[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 ☐ Cal ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	