15/5/2010

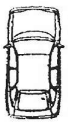
INS. CASE OWNER: Peter | CC ASM /AXA1900 Y941 / pb3. | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 19/2/19

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SKW 1287G

Name of Insured : Huang Yubin

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 22/2/19.

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

If **NO**, Driver Name / Age : Mr Fei Phang.

Driver Tel No. : (V/L: YES / NO)

Claim No. : SAMOIFBK/104967

Policy No. : MI/GA1247796.

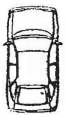
Make / Model : MERCEDES.

Place of Accident : Thomson Rd Towards Woodlands

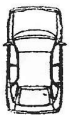
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

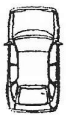
SJW 6903K →



INSRS:
WSP: tan chong
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJW6903K → STR1978D →
	* amend claim.
20/3/19	OID no answer.
22/3/19	OID no answer.
-	liability clear, proceed w D/S.
22/3/19 -	Email LOI to OI.
9/4/19 -	close file - TP change mis pass lawyer.
10/4/19 -	No survey done
-	Cancel case/ret.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	22/3/19 Centra (No ans).
After call ltr to OI:	22/3/19 Centra.

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: Email ☐ Call ☐
Repair Cost:	S$	(days) Reduction: %	
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : CC. (OI 2nd veh)
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	Cancel case/ret.
Loss of Use (LOU):	S$	($ x days)	
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 ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	