

15/5/2010

INS. CASE OWNER:

CC 4, HSM 1900

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time	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:	☒ ☐
	Mandate/Reject Instruction:	☒ ☐
	LOD	☒ ☐
	Payment Breakdown Form:	☒ ☐
	Post-Repair Photos:	☒ ☐
	Others:	☒ ☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: KENNETH

Repair Cost: P/P S\$ 940.72 (2 days) Reduction: 2988.96 % 76

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 16/04/2020 Confirm with CARMEN

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost: (W/GST) S\$ 856.00 (AXA INSTRUCTION)

Loss of Rental (LOR): S\$ (days)

Loss of Use (LOU): S\$ 140.00 (\$ 70 x 2 days)

Loss of Income (LOI): S\$ (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 7.48

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent) (AXA INSTRUCTION)

Legal Cost S\$

Total: S\$ 1003.48 Global Sum S\$ 1150.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00

Email ☒ Call ☐

FINAL PAYMENT Date/Time:

Confirm with:

Payee 1: S\$ 1150.00

Name 1: ESTEEM PERFORMANCE PTE LTD

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3: