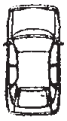
INS. CASE OWNER: Richard | CC 4 /AXA1900 6256, $63 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 9 aug 19.

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 9295.

Name of Insured : DE SOUZA BRENDON STEVEN.

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 6/8/19

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

Claim No. : SAM02JFZ/109394

Policy No. : UPAPW55798.

Make / Model : OPEL

Place of Accident : BUKIT BA.

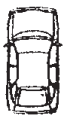
If NO. Driver Name / Age :

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

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

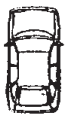
Insured Liability : % **Final ? Yes / No**

SMF 1298 → _____ → _____ → _____



INSRS:
WSP: CKC
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SMF 1298 - X SJB 9295 - X
	* SMRT claim.
	- e-mail to request evidence
	- TP have no evidence, to assess liability
17/8	- Req AVP from OI
17/10	- 10 days notice send TP.
18/10	- cancel case. * NO SURVEY DONE * TP inform that their client decided to do the repair somewhere else.
18-10-19	TO CANCEL. 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:		
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:	% 100	(Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28. Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	(S x days)	
Loss of Income (LOI):	S$	(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:	

CANC