15/5/2010

INS. CASE OWNER: Peter | CC 4 ASM /~~AXA~~1900 6762, P/K63 | LKK: IDAC:

ASSIGNMENT

Surveyor: DOI: Date / Time : 10/4/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKU 3780X
Claim No. : SAMO1771/109716
Name of Insured : KU CHEE PENG ANTHONY
Policy No. : GM1537541
Insured Tel No. : HP:
Make / Model : SUBARU.
Excess Sec II :S$ D.O.A : 9/4/19
Place of Accident : BRADDELL RD.
Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age :
OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SJN 3867D → → →

INSRS: WSP: CAC Tel : Liability : KIA RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SJN 3867D - Y SKU3780X - Y
	* Smart claim:
17/04/19	- SEMIAL LIABILITY UNCLEAR
	- TO GET OI EVIDENCE / CLAIM UPDATE
	OI DIDN'T MAKE TP CLAIM, NO EVIDENCE.
02/3/2020	- No survey done - to cancel case/ref.
3/3/2020	- Fw → Juli to close / cancel.

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:	28/05/19 - JL VIO-OIC

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:	% (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		Cancel case/ref.
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:	