(S-510)

INS. CASE OWNER: Michard | CC4 /~~AXA~~ ASM 1900 7938 / £ 63 W | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time: 6/5/19.
Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SJG 8326C		Claim No. :	89MO2MO8/114074
Name of Insured : CHIN YOKE LAW		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 2/5/19.	Place of Accident :	
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**

SLJ 7845Z → ______ → ______ → ______

INSRS: WSP: Tel: SME Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SLJ7845Z – x SJG8326C – x
	# Small claim.
	OIWR, sent out 1st letter.
01/08	Sent Final AR letter
22-07-20	TO CANCEL. No Survey

STAGE	DATE / PIC
Non-Reporting ltr (1st):	24/05/2019
Non-Reporting ltr (2nd):	06/06/2019
Non-Reporting ltr (Final):	20/06/2019
Notification ltr (if non-pickup):	8/7/19
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:	% (Agreed / Assessed) BOLA S/N No. :	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 + LOI ☐ **[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$** **Global Sum S$:**	4): AR : $2.54

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: