15/5/2010

INS. CASE OWNER: Cynthia   CC Y /AXA1900 8028, N#63   LKK:
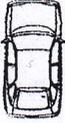IDAC:

ASSIGNMENT

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

Pre-assign / CCU / FTE

Insured Vehicle No. : SLB 3476H		Claim No. :	SAMO IKP4/113990
Name of Insured : MAN CHEE MENG		Policy No. :	LTA17409.
Insured Tel No. : _____ HP: _____		Make / Model :	TOYOTA
Excess Sec II :S$ _____ D.O.A: 16/4/19.		Place of Accident :	MANHANG AVE LO

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

If **NO**, Driver Name / Age : U UDIN   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**

FX 18337
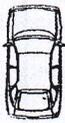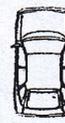
INSRS: INSRS: INSRS: INSRS:
WSP: JEN'   WSP: WSP: WSP:
Tel :   Tel :   Tel :   Tel :
Liability :   Liability :   Liability :   Liability :
RMKS: RMKS: RMKS: RMKS:

Date/ Time				STAGE	DATE / PIC
	FX18337 -X SLB3476H-4			Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
	※ Smart claim.			Notification ltr (if non-pickup):	
				Call OI:	
				After call ltr to OI:	27/06/19 - SMART - OLC
				Documentation Check List:	**Handler** **Typist**
				Notification ltr (if non-pickup):	
				After call ltr to OI:	✓
27/6/19	Inform OI TP claim			Authorisation To Act:	
	AXA REQUESTED PIR REPORT			Release Voucher:	
	PREPARE PRI/REPAIR RANGE			Final Repair Bill:	
	REPAIR RANGE @ $2K - 3K.			Car Rental Invoice:	
	NO ESTIMATE PROVIDED.			Towing Invoice:	
11/12/19	SUBMIT PRI REPORT			LTA / GIA :	
	TO CLOSE			Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	
				LOD	
				Payment Breakdown Form:	

PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
				Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	S$ (days)Reduction:	%	Email ☐ Call ☐	

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Cal ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 9		If NO or B 28, Ass. Lia :	
Repair Cost:	S$ —			
Loss of Rental (LOR):	S$ — (days)		**NO SETTLEMENT**	
Loss of Use (LOU):	S$ — ($ x days)		**SUBMIT REPORT TO AXA**	
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: PRI REPORT	
Legal Cost	S$ —		3) Survey fee: $100.00	
Total:	S$ Global Sum S$:			

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐	
Payee 1:	S$ —	Name 1: —		
Payee 2: (Strike if N.A.)	S$ —	Name 2: —		
Payee 3: (Strike if N.A.)	S$ —	Name 3: —		