

INS. CASE OWNER:

CC 4, ASM, 1900

9429, Kpas

LKK:

IDAC:

118446

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

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

SJL9498G



INSRS:

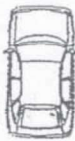
WSP:

Tel:

Liability:

RMKS:

Supreme Auto



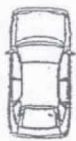
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

30/07/2020

Pls refer to VIEWS for details.

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: L/sum

S\$ 4,300.00

(8 days)

Reduction: 46

%

Email

Call

FINAL SETTLEMENT

Date/Time: 30/07/2020

Confirm with Mr Chew

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No. : 27

Repair Cost:

S\$ 4,300.00

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$ 500.00

(\$50

x 10

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only ☐ LOU only ☒

LOR + LOU

LOR + LOI

☐☐

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Dispute/Settle

2) Report Format: TP

3) Survey fee: \$350.00

Total:

S\$ 4,802.00

Global Sum S\$: 4,500.00 (as per AXA mandate)

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 4,500.00

Name 1:

Supreme Auto Service Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: