INS. CASE OWNER: Yvonne | CC 4 AGM ~~AXA~~1900 9866 / wbh. | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 4/6/19

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SKG 6844X Claim No. : SAMO IPEH | UA278.

Name of Insured : TAN KOK SOON BENJAMIN Policy No. :

Insured Tel No. : _____ HP: _____ Make / Model :

Excess Sec II :S$ _____ D.O.A : 18/4/19. Place of Accident :

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**

SLN 1649G → _____ → _____ → _____

INSRS:
WSP: Elite Automotive
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLN 1649G-X SKG6844X -X
	DLWR, SENT UNT 1ST LETTER
08/07	OI GIA Report in
12/7/19	Email letter to OI
4/8/2020	To cancel case. No survey done.
	4/

STAGE	DATE / PIC
Non-Reporting ltr (1st):	02/07/2019
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. :	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:	