INS. CASE OWNER kitty. | CC 4 kyu /AXA1901 2228, gbb.

ASSIGNMENT

Surveyor: ________ DOI: ________ Date / Time: 10/7/19

Pre-assign / CCU / FTE

Registered in Merimen: ________

Insured Vehicle No.: SHD 9857U

Name of Insured: TRANS-CAB SERVICES PTE LTD

Insured Tel No.:

Excess Sec II :S$ 5000 HP: D.O.A.: 7/7/19

Is driver the owner? (YES / NO)

If NO: Driver Name / Age:

Driver Tel No.:

Nature of Accident:

Claim No.: SAM02771 / 125838

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO . TP GIA REPORT: YES / NO

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SGV 4931M →

INSRS: WSP: Lai Hunt Tel: Liability: RMKS:

INSRS: WSP: Tel: Liability: RMKS:

INSRS: WSP: Tel: Liability: RMKS:

INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SGV 4931M — ...
	SHD 9857U ...
22/10	- Email 101.
	axa instruct cancel case due to no further development and TP VNI more than a year. cancel case, no survey done. mr yew to sign.
02/9/20	To cancel case, no survey done.

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	CPL 31/10/19

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.: 23 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 + ☐ [Tick only one]

GIA/LTA Search: S$

Medical: S$

Disbursement: S$ 1) Claim status: Normal/Reject/Private Settle

Legal Cost: S$ (...pendent) 2) Report Format:

Total: S$ Global Sum S$: 3) Survey fee:

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: