INS. CASE OWNER: Yvonne | CC 4/AXA1901 2744, x063 | LKK:
IDAC:

ACm

ASSIGNMENT

Surveyor: _____ **DOI:** _____ | Date / Time: vn|7|49. 9

Pre-assign / CCU / FTE

Registered in Merimen: _____

Insured Vehicle No. : XD 223T | Claim No. : SGMO2UKS/128115

Name of Insured : Wing Seng Logistics PL | Policy No. : _____

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

Excess Sec II :S$ 1000.00 | D.O.A : 70|7|49 | 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

XE 1440X →

INSRS: GnS	INSRS:	INSRS:	INSRS:
WSP: Ah	WSP:	WSP:	WSP:
Tel: Tee	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time			STAGE	DATE / PIC
	XE 1440X — X XD223T—T		Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
25/7/19	Confirm accident details. inform TP claim		Call OI: → 25/7/19	
	rear end acct		After call ltr to OI: → vvio	
17/11	- OI roted turning right & TPV rear end him.		Documentation Check List: Handler Typist	
	TP roted OI turning right cutting into his lane		Notification ltr (if non-pickup)	
	when driving straight.		After call ltr to OI	
	- Req WA & DL from OI.		Authorisation To Act	
	Req AVF from TP.		Release Voucher	
18/11	- OID DL & LOA in.		Final Repair Bill:	
23/2	- TP got no AVF.		Car Rental Invoice:	
20/3	- 2nd Reminder to AXA.		Towing Invoice	
			LTA / GIA :	
27/8/2020	- No survey done. MV yen to sign.		Medical Bill:	
			PIR:	
	TO CANCEL FILE.		Mandate/Reject Instruction:	
			LOD	
			Payment Breakdown Form:	
			Post-Repair Photos:	
			Others:	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____ | Confirm by: _____

FINALIZATION	Date/Time:	Confirm with:	Confirm by Email ☐ Call ☐
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	If NO or B 28, Ass. Lia :
Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL		
Repair Cost:	S$ (days)		
Loss of Rental (LOR):	S$ (S x days)		
Loss of Use (LOU):	S$ (S x days)		
Loss of Income (LOI):	S$		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			1) Claim status: Normal/Reject/Private Settle
GIA/LTA Search	S$		2) Report Format:
Medical:	S$ (e.g. Tow/ Independent)		3) Survey fee:
Disbursement:	S$		
Legal Cost	S$		Email ☐ Call ☐
Total:	S$	Global Sum S$:	
FINAL PAYMENT	Date/Time:	Confirm with: Name 1:	
	S$		

CANCEL