15/5/2010

INS. CASE OWNER: kitty.

CC 4/ASM /AXA1901 3450 / P 63

LKK:

IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 31/7/19.

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMD 1811U	Claim No. :	SAMOTUBG / 129166.
Name of Insured :	GOH SOON MENG.	Policy No. :	VPA1024118Z.
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 16/7/19.	Place of Accident :	JB IMMIGRATION ENTRANCE
Is driver the owner?	(YES / NO)	Nature of Accident :	

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SMG 7825A → ______ → ______ → ______

INSRS: WSP: Tel : ups. Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMG7825A – X SMD1811U – X
8/8/19	Receive OI CCTV.
8/8/19	Receive TP CCTV. Uploaded via SMART.
8/8/19.	Seek AXA instruction via SMART.
	AXA reject TP claim.
20/8/19	Email to workshop reject claim.
	→ Behind OI car ① Police report ②. OI TP was carry behind OI vehicle.
3/2/2020	– to cancel - 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:	

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:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	Cancel file.
Loss of Use (LOU):	S$ ($ x days)	
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:
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: