

15/5/2010

INS. CASE OWNER:

Yvonah | CC (KEM) AXA 1901 4659, E wbn

LKK:
IDAC:

Surveyor:

STEVE

DOI:

ASSIGNMENT

21/8/19

Date / Time :

21/8/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SME 9511X

Claim No. :

SAM 014211 132477

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$

D.O.A :

8/6/19

Place of Accident :

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

SJP 57932



INSRS:
WSP:
Tel :
Liability :
RMKS:

Yew
tee



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
SJP 57932 - 4	Non-Reporting ltr (1st):	
SME 9511X - 1	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)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos: <input checked="" type="checkbox"/> <input type="checkbox"/>
		Others: <input checked="" type="checkbox"/> <input type="checkbox"/>
FINALIZATION Date/Time:	Confirm with:	Confirm by: STEVE
Repair Cost: L/S \$S 1850.00 (4 days) Reduction: 3376.30 % 65		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: 13/11/2019 Confirm with SHAWN		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST) \$S 1979.50		
Loss of Rental (LOR): \$S 428.00 (4 days) x \$107 (W/GST)		
Loss of Use (LOU): \$S (\$ x days)		
Loss of Income (LOI): \$S (\$ x days)		
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]		
GIA/LTA Search \$S 29.00		
Medical: \$S		1) Claim status: <input checked="" type="checkbox"/> Normal/Reject/Private Settle
Disbursement: \$S (e.g. Tow/ Independent)		2) Report Format: TP
Legal Cost \$S		3) Survey fee: \$350.00
Total: \$S 2436.50 Global Sum \$S:		
FINAL PAYMENT Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1: \$S 2436.50 Name 1: YEW TEE AUTOMOBILE TECH PTE LTD		
Payee 2: (Strike if N.A.) \$S Name 2:		
Payee 3: (Strike if N.A.) \$S Name 3:		

