15/5/2010

INS. CASE OWNER: Stacey. | CC 4 ASM ~~AXA~~1901 5188, 9/63 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 26/8/19.

Pre-assign / CCU / FTE Registered in Merimen: _____

Insured Vehicle No. : SKV 7233C.

Name of Insured : JASMAN BIN SHARIFF

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 16/8/19.

Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : 8AM01KFA/134095

Policy No. : GA4694471

Make / Model : VOLKSWAGEN

Place of Accident : TUAS FLYOVER ROUNDABOUT

If NO, Driver Name / Age : MOHAMED FAIZ BIN JASMAN

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

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

Insured Liability : % Final ? Yes / No

SKF 8691R →

INSRS:
WSP:
Tel :
Liability :
RMKS: motor Image.

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKF 8691R - X SKV 7233C - X
21/10	- Email Ltr. Req AVF from both parties.
24/3	- TP NO AVF. 50/50 email TP.
22/08/2020	10 DAYS NOTICE EMAIL TP
08/09/2020	NO FURTHER DEVELOPMENT. MR YEW TO SIGN. 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:	CPL 21/10/19
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: % 50 ed / Assessed) BOLA S/N No. NIL

Repair Cost: S$

Loss of Rental (LOR): S$ days)

Loss of Use (LOU): S$ ($ days)

Loss of Income (LOI): S$ ($ x)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + [Tick only one]

GIA/LTA Search S$

Medical: S$

Disbursement: S$ (e.g. dependent)

Legal Cost S$

Total: S$ **Global Sum S$:**

If NO or B 28, Ass. Lia : ~~* Confirming Version *~~

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

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:	