15/5/2010

INS. CASE OWNER: Yvonne | CC4 /AXA1901 6670 / nsm qb3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 20/9/19.

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 5409G. Claim No. : SAM0211L / 137881

Name of Insured : TRANS-ARB SERVICES PTE Policy No. : VFX/P16875N

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

Excess Sec II :S$ _____ D.O.A : 19/9/19. Place of Accident : CHANGI BUSINESS PARK CENTRAL 1

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

If NO, Driver Name / Age : LEE TECK CHYE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLM 5021X → _____ → _____ → _____

INSRS: WSP: SMF Tel : Liability : RMKS:

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INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLM5021X - X
	SHD 5409G - [illegible]
24/9	- Req AVE from OI & TP - TP AVE in (seek ARB instruction to settle @ best).
7/10	- TP making illegal u-turn. Seek instruction to reject TP claim.
7/10	- Rejection email send TP - Cancel case.
*	NO SURVEY DONE *
	cecilia Yeo 08/10/19

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CPL 24/9/19
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:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	S$	
Loss of Rental (LOR):	S$	(days)
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$	
Disbursement:	S$	(e.g. Tow/ Independent)
Legal Cost	S$	
Total:	**S$**	**Global Sum S$:**

CANCEL

If NO or B 28, Ass. Lia :

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:	