

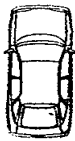
INS. CASE OWNER:

CC6/AXA14018070/Rea3q2-1

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _____
 Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **SGW 5865J**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ **D.O.A :** **10/09/2014**

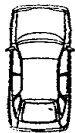
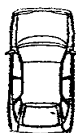
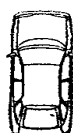
Place of Accident : _____

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****SKN 4949H**
 INSRs:
 WSP: **MBM**
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

 INSRs:
 WSP:
 Tel :
 Liability :
 RMKS:

Date/ Time		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:	☐ ☐
	**10% Settlement based on third party settlement with AIG contribution settlement.	Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: S\$ _____ (_____ days) Reduction: _____ %		Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 15.10.20 Confirm with IVY	Email ☐ Call ☐	
Final Liability: 100 % 10 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia :	
Repair Cost: \$3,736.00 S\$ 373.60			
Loss of Rental (LOR): - S\$ - (_____ days)			
Loss of Use (LOU): \$100 S\$ 10.00 (\$ 50 x 2 days)			
Loss of Income (LOI): - S\$ - (\$ _____ x _____ days)			
LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search - S\$ -			
Medical: - S\$ -			
Disbursement: \$456.89 S\$ 45.69 (e.g. Tow/ Independent)		1) Claim status: Normal/ Reject/Private Settle	
Legal Cost - S\$ -		2) Report Format: TP	
		3) Survey fee: \$350-250 = \$100	
Total: \$4,292.89 S\$ 429.29	Global Sum S\$: 420.00		
FINAL PAYMENT	Date/Time: 15.10.20 Confirm with: IVY	Email ☐ Call ☐	
Payee 1: S\$ 420.00	Name 1: MBM WHEELPOWER PTE LTD		
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____		