

INS. CASE OWNER:

CC 4 /ASM2000 5958 / T1pa3

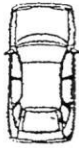
LKK:

IDAC:

ASSIGNMENT

Surveyor: **TAUFIKH**DOI: **27/05/2020**Date / Time : **27/05/2020**Registered in Merimen: **—**

Pre-assign / CCU / FTE



Insured Vehicle No. : **YP 6573T**
 Name of Insured : **SIN GUAN LEE TRADING**
 Insured Tel No. : _____ HP: _____
 Excess Sec II : \$\$ D.O.A : **12/04/2020**
 Is driver the owner? (YES ☐ NO ☒) Nature of Accident : _____

Claim No. : _____

Policy No. : _____

Make / Model : _____

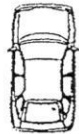
Place of Accident : _____

If NO, Driver Name / Age :

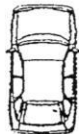
Driver Tel No. :

(V/L ☒ YES ☐ NO)OI GIA REPORT ☒ YES / NO ; TP GIA REPORT ☒ YES / NO

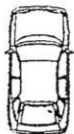
Insured Liability : % Final ? Yes / No

XD 8783R

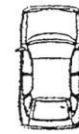
INSRS:
WSP: **Sembcorp**
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	STAGE	DATE / PIC
	XD 8783R : X	
	YP 6573T : CC4/FCI19021998/R1ea3q2 ; DOA : 05/09/2019	
	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)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
15/03/2022	AXA MSG: TO CLOSE FILE IF NO DEVELOPMENT	
	*No LOD from TP	
	*Submit WP report to AXA	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: P/P	\$S 4,483.50 (4 days) Reduction: 20 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
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 <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	\$S	
Medical:	\$S	
Disbursement:	\$S (e.g. Tow/ Independent)	
Legal Cost	\$S	
Total:	\$S Global Sum \$S:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1:	\$S Name 1:	
Payee 2: (Strike if N.A.)	\$S Name 2:	
Payee 3: (Strike if N.A.)	\$S Name 3:	

1) Claim status: **Normal/Reject/Private Settle** /WP2) Report Format: **TP**3) Survey fee: **\$250.00**