15/5/2010

INS. CASE OWNER:

CC3/FCI20006849/Kev3

LKK:

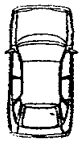
IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 30/06/2020 Date / Time : 30/06/2020

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 7092C Claim No. :

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

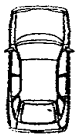
Excess Sec II :S$ D.O.A : 26/06/2020 Place of Accident :

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

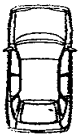
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

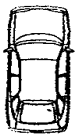
SHD 214J → → →



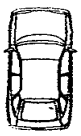
INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 214J - CC3/AIG10007839/Djf2n ; 18/04/2010	**STAGE**	**DATE / PIC**
	CC3/AXA13006557/Krb3c3 ; 02/04/2013	Non-Reporting ltr (1st):	
	CC3/FCI14013212/Ktbu2 ; 22/04/2014	Non-Reporting ltr (2nd):	
	NA/INC09002676/w1 ; 07/02/2009	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	SHC 7092C - CS/FCI12004862/Uvn ; 26/02/2012	Call OI:	
	CS/FCI19017580/Kyd3n2 ; 02/10/2019	After call ltr to OI:	
	CS/SMO17005497/M1qh3e2 ; 17/03/2017	**Documentation Check List:**	**Handler** **Typist**
	CC3/AXA12004114/H1edc1 ; 26/02/2012	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:	☐
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:	Confirm with	Email ☐ Call ☐	
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 ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$			
Medical:	S$		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S$ (e.g. Tow/ Independent)		2) Report Format:	
Legal Cost	S$		3) Survey fee:	
Total:	**S$**	**Global Sum S$:**		
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:		