15/5/2010

INS. CASE OWNER: CC4 / EQI 2000 9352 / Ugs3

LKK:

IDAC:

ASSIGNMENT

Surveyor: Marcus

DOI: 03/09/2020

Date / Time : 02/09/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SJE 9073K		Claim No. :	
Name of Insured : SYED AHMAD BIN HUSSAIN ALIJUNIED		Policy No. :	
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 17/08/2020	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**

GBF 6344M ⟶ ______ ⟶ ______ ⟶ ______

INSRS:	INSRS:	INSRS:	INSRS:
WSP: AUTOLUTION	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		
	GBF 6344M : X SJE 9073K : CS/AXA13004760/Gy1u2 ; DOA : 06/03/2013	
	Reject Case By (staff) : [signature] Approved by : [signature] Date : 12/11/20	Reject Case By (staff) : Approved by : Date
12/11/2020	BOTH PARTIES NO VIDEO FOOTAGE TO SUPPORT THEIR CLAIM. BASED ON OI REPORT, OI CLAIMED THAT TP ENCROACH TO HIS LANE. REJECTION EMAIL TO TP ON 20/10/2020. TILL DATE NO RESPONSE FROM TP. MR YEW TO CHOP & SIGN	

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:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION	Date/Time:	Confirm with: 2177.92	Confirm by:
Repair Cost: P/P	S$ ~~2108.96~~ 1868.96 (3 days)	Reduction: ~~1037.02~~ % ~~48~~ 54	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% 0	(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: REJECT
Legal Cost	S$		3) Survey fee: $400.00
Total:	**S$**	**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:	