15/5/2010		

CS3/ASM20001884/Ges3e2-1

	LKK:
-	IDAC

CASE OWNER:	000//1010120001004/00

INS. CASE OWNE	ER:	C53/A5W200	01884/Ge	essez-1	IDAC:
		ASSIGN	MENT		
Surveyor:		DOI:		Date / Time :	
•	7		Registered in Merimen:		
Pre-assign / CCI	U/FTE			registered in Men	inch.
Insured Vehicle N	No. : SJT 8075H		Claim No.		
Name of Insured	:		Policy No.	;	
Insured Tel No.	:	_HP:	Make / Model	:	
Excess Sec II :SS		D.O.A: 26/01/2020	Place of Accide		
Is driver the owner		Nature of Accident :	Time of Accion		
		Nature of Accident.			
If NO , Driver Na Driver Te		(MA . MEG / MO.)			GIA REPORT: YES / NO
Driver 1e	1 NO. :	(V/L: YES / NO)	Insured Liabilit	y: %	Final? Yes / No
SMP 4140P					
INSRS: WSP: ASSUR Tel: Liability: RMKS:	RE AUTO INSRS WSP: Tel: Liabilii RMKS	ty:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
Date/ Time					
				STAGE	DATE / PIC
02.04.22	Case cancel as no se	ettlement // AXA have se	ttled the claim	Non-Reporting ltr (1 Non-Reporting ltr (2 Non-Reporting ltr (if Notification ltr (if no Call OI:	nd): final):
T.				After call ltr to OI:	
					eck List: Handler Typist
				Notification ltr (if no	on-pickup)
				After call ltr to OI:	
				Authorisation To Ac	at:
				Release Voucher: Final Repair Bill:	
				Car Rental Invoice:	professional party and a second
				Towing Invoice	
			The state of the s	LTA / GIA :	Temporary page 14 Temporary pa
				Medical Bill:	
				PIR:	The second secon
				Mandate/Reject In	struction:
				LOD Payment Breakdov	vn Form:
PRELIMINARY ADVICT	E Date/Time:	Sent By:		Post-Repair Photo	
				Others:	Parameter and pa
FINALIZATION	Date/Time:	Confirm with:		Confirm by:	apataman sa parakan kecana dan jang ana mang ngan mang dan aktronisa an mang kepadapas akun dan banah bana manggar ana di sa unahan
Repair Cost:	S\$ (days) Reduction:	%		Email Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call	
Final Liability: Repair Cost:	% (Agreed /	Assessed) BOLA S/N No.:		If NO or B 28, Ass	s. Lia :
Loss of Rental (LOR):	S\$ (days)		*	
Loss of Use (LOU):	S\$ (\$ x	days)			
Loss of Income (LOI):	S\$ (\$ x				
LOR only LOU onl		OR + LOI [Tick only or	ne]		
GIA/LTA Search	S\$			1) (7)	100 1 000
Medical: Disbursement:	S\$ S\$	(e.g. Tow/ Independe	nt \		ormal/Reject/Private Settle
Legal Cost	S\$	(c.g. 10w/ independe	iii)	2) Report Format:3) Survey fee:	
Total:	S\$	Global Sum S\$:			
FINAL PAYMENT	Date/Time:	Confirm with:	international production and approximate according to a color to be supported by the color of th	Email Call	
Payee 1:	S\$	Name 1:		- Control of the Cont	
Payee 2: (Strike if N.A.)	S\$	Name 2:			
Payee 3: (Strike if N.A.)	S\$	Name 3:			