15/5/2010

INS. CASE OWNER:

CC4/AIG20012705/ps3

LKK:

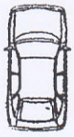
IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 18/11/2020

Registered in Merimen: 18/11/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SJD 6478B Claim No. : _____

Name of Insured : GEJENDRAN S/O V KRISHNAN Policy No. : _____

Insured Tel No. : _____ HP: _____ Make / Model : _____

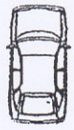
Excess Sec II :S$ _____ D.O.A : 12/11/2020 Place of Accident : _____

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**

XD 3536X → _____ → _____ → _____



INSRS:
WSP: CHENG HOE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	XD 3536X : X	**STAGE**	**DATE / PIC**
	SJD 6478B : CC3/AXA13022690/R1v1y3c3 ; DOA : 18/11/2013	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
	- Please check / verify OID DL	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
21/3/2022	No survey done.	**Documentation Check List:**	**Handler** / **Typist**
	- cancel ref/case	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 ☐ Cal ☐
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 + LO ☐ [**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: Meiman Fee $11.00
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Cal ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	