15/5/2010

INS. CASE OWNER:

CC4/III20014011/~~pa3~~ R/p93

LKK:

IDAC:

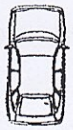
ASSIGNMENT

Surveyor: Rusul

DOI: 22/12/2020 Date / Time : 16/12/2020

Registered in Merimen: 16/12/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SHA 4011S

Name of Insured :

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

D.O.A : 25/11/2020 09:30

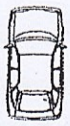
Place of Accident : CCK ST 51

Nature of Accident :

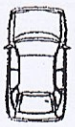
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

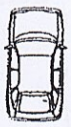
GBD 1879E → → →



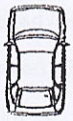
INSRS:
WSP: C L AUTO
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	GBD 1879E - X	Non-Reporting ltr (1st):	
	SHA 4011S - CC3/CTI17011485/K1za3n2 ; 08/06/2017	Non-Reporting ltr (2nd):	
	CC3/LCR17004886/H1zg3q2 ; 20/04/2017	Non-Reporting ltr (Final):	
	CC4/AXA10021521/Dq1fq2 ; 21/10/2010	Notification ltr (if non-pickup):	
	NA/INC08030732/r ; 03/11/2008	Call OI:	
18/1/2021 -	Maintin Rejected	After call ltr to OI:	

Reject Case
By (staff) : Hsiao Tong
Approved by : [illegible]
Date : 15/04/21

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:	Confirm by:
Repair Cost: Lump Sum	S$ 1350-00 (3 days)	Reduction: 78 %	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: TP
Legal Cost	S$		3) Survey fee: $250-00
Total:	**S$**	**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:	