

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

MARCUSDOI: 05/04/2021Date / Time : 05/04/2021

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9332HClaim No. : S1M03725

Name of Insured : _____

Policy No. : P2419140

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 02/04/2021

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

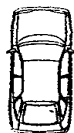
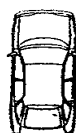
Driver Tel No. :

(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SJX 4009EINSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	<u>SJX 4009E - CC6/AIG20010021/Upa3q2 ; 18.09.2020</u>	Non-Reporting ltr (1st):	
	<u>SHA 9332H - CA/AIG09028235/p1 ; 14/12/2009</u>	Non-Reporting ltr (2nd):	
	<u>CA/AIG11001343/r ; 21/01/2011</u>	Non-Reporting ltr (Final):	
	<u>CC3/AXA11002160/Fw2u2q2 ; 31/01/2011</u>	Notification ltr (if non-pickup):	
	<u>CC3/AXA13006980/M1eb3y ; 12/04/2013</u>	Call OI:	
	<u>CC3/FCI13008331/Ky1n ; 12/04/2013</u>	After call ltr to OI:	
	<u>CC3/LCR17017734/K1wa3q2 ; 09/09/2017</u>	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:	☐
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: _____		