15/5/2010

INS. CASE OWNER: CC3/AIG21007249/Kps3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 30/06/2021 Date / Time : 01/07/2021

Registered in Merimen: 01/07/2021

Pre-assign / CCU / FTE

Insured Vehicle No. : SFV 1900J Claim No. :

Name of Insured : Mr Lu Chin Leong Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 29/06/2021 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**

SHD 5336H → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: TRANS-CAB	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SHD 5336H : CC4/AXA17012471/Apg3q2 ; DOA : 23/06/2017
	SFV 1900J : X
08/09/2021	Pls refer to VIEWS for details.
	*Rejected TP claim

Reject Case
By (staff) : Hsiao Tong
Approved by : YW
Date : 08/09/21

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: Confirm by:

Repair Cost: P/P S$ 4,076.78 (2 days) Reduction: 69 % 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 + LO ☐ [**Tick only one**]	
GIA/LTA Search	S$	
Medical:	S$	
Disbursement:	S$ (e.g. Tow/ Independent)	1) Claim status: ~~Normal~~/Reject/~~Private Settle~~
Legal Cost	S$	2) Report Format: TP
Total:	**S$** **Global Sum S$:**	3) Survey fee: $320.00

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:	