86869995, Farankie

CC4/ASM19001898/R1pa3

15/5/2010

INS. CASE OWNER: KC | CC 4 /AXA1900 ASM 1898 2dub | LKK: | IDAC:

ASSIGNMENT

Surveyor: RASUL   DOI: 20/08/2021   Date / Time : 2/11/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLA 1874R	Claim No. :	SAMO/AKFY/9bivo
Name of Insured :	SHAH ALAM	Policy No. :	GA09448
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 14/1/19.	Place of Accident :	ALL ST.
Is driver the owner? (YES / NO)	Nature of Accident :	OI GIA REPORT: YES / NO	TP GIA REPORT: YES / NO
If NO, Driver Name / Age : MST RUMA AKTER		Insured Liability : %	Final ? Yes / No
Driver Tel No. :	(V/L: YES / NO)		

PZ 955T → 64670956

INSRS:	WSP:	Tel :	Liability :	RMKS:
I/S/ Crown Asia.				

Date/ Time	
	PZ955T-X SLA1874R-X
	staff claim.
	(Aziz-Malay).
13/7/2020	Spoke to Ins- they can't find any record
13/7/20	To cancel case. No survey done.

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:	Confirm by: Email ☐ Call ☐
		Confirm with:	
FINALIZATION	Date/Time:	(days) Reduction: %	Email ☐ Call ☐
Repair Cost:	S$	Confirm with	
FINAL SETTLEMENT	Date/Time:	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Final Liability:	%		
Repair Cost:	S$	(days)	
Loss of Rental (LOR):	S$	(S x days)	
Loss of Use (LOU):	S$	(S x days)	
Loss of Income (LOI):	S$		
LOR only ☐	LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	1) Claim status: Normal/Reject/Private Settle
GIA/LTA Search	S$		2) Report Format:
Medical:	S$	(e.g. Tow/ Independent)	3) Survey fee:
Disbursement:	S$		
Legal Cost	S$	Global Sum S$:	Email ☐ Call ☐
Total:	S$	Confirm with:	
FINAL PAYMENT	Date/Time:		
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	