LKK:

IDAC:

INS. CASE OWNER:

~~CC4/ASM21010555/T1rs3~~

ASSIGNMENT

Surveyor: **Taufikh**

DOI: 15/10/2021

CC4/ASM21010555/Tps3

Date / Time : 13/10/2021

Registered in Merimen: —

Pre-assign / CCU / FTE
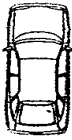
Insured Vehicle No. :	SLQ 3838Z	Claim No. :
Name of Insured :	LAU YIN MAY ROWENA	Policy No. :
Insured Tel No. :	HP:	Make / Model :
Excess Sec II :S$	D.O.A : 11/10/2021	Place of Accident :

Is driver the owner? (YES / (NO)) Nature of Accident :
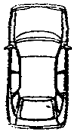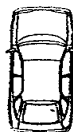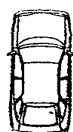
If **NO**, Driver Name / Age : ___ OI GIA REPORT (YES) NO ; TP GIA REPORT (YES) / NO

Driver Tel No. : ___ (V/L (YES) / NO) Insured Liability : ___ % **Final ? Yes / No**

SMC 6037K ⟶ ___ ⟶ ___ ⟶ ___

INSRS:	INSRS:	INSRS:	INSRS:	INSRS:
WSP: RICO 60	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
	SMC 6037K : CS3/FCI18019245/Kcd3s2 ; DOA : 13/10/2018	Non-Reporting ltr (1st):	
	SLQ 3838Z : X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
	*Submit WP report to AXA	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: L/sum S$ 8,800.00 (8 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$	1) Claim status: ~~Normal/Reject/Private Settle~~ /WP
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: