

INS. CASE OWNER:

ASSIGNMENTSurveyor: **Kenneth**

DOI: _____

Date / Time : **13/04/2022**

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : **YN 6624R**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ _____ D.O.A : **12/04/2022 16:50**

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 214JINSRS:
WSP: **TRANS-CAB**
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SHD 214J - CC3/AIG10007839/Djf2n; 18/04/2010	STAGE	DATE / PIC
	CC3/AXA13006557/Krb3c3; 02/04/2013	Non-Reporting ltr (1st):	
	CC3/FCI14013212/Ktbu2 ; 22/04/2014	Non-Reporting ltr (2nd):	
	CC3/FCI20006849/Kes3q2 ; 26/06/2020	Non-Reporting ltr (Final):	
	NA/INC09002676/w1; 07/02/2009	Notification ltr (if non-pickup):	
	YN 6624R - X	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 :	☐ ☐
01/06/2022	CLAIM REPUDIATED. SUBMIT WP - ADMIN TO CLOSE	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: LS	S\$ 8,900.00 (4 days) Reduction: 10,448.30 % 54	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability:	% 70 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$ (_____ days)	OI ENTERING MAIN RD, TP SPEED AND CUT INTO OI LANE	
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: WP	
Legal Cost	S\$	3) Survey fee: \$350.00	
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: _____		