INS. CASE OWNER:	OH Vale	CC4/ASM22007670/Upa3	LKK:	
			IDAC:	276603

ASSIGNMENT

Surveyor: **MARCUS**   DOI: 12/08/2022   Date / Time : 12/08/2022

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. :	**SHA 7019B**	Claim No. :	**S2M0489D**
Name of Insured :		Policy No. :	**P2465679**
Insured Tel No. :	HP:	Make / Model :	
Excess Sec II :S$	D.O.A : 04/08/2022	Place of Accident :	
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age : ____

Driver Tel No. : ____ (V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : ____ %   **Final ? Yes / No**

FBQ 9256G ⟶ ____ ⟶ ____ ⟶ ____

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **EROFIA**	WSP :	WSP :	WSP :
Tel : **MOTOR**	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	Created By	DATE / PIC
FBQ 9256G - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr (1st):		
NS/INC22007555/Tvce2 03/10/2022 SHA 7019B FBQ 9256G 04/08/2022 03/10/2022 FWL		Non-Reporting ltr (Final):		
SHA 7019B - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Notification ltr (non-pickup):		
CC3/AIG07004395/Vtn 10/03/2008 SHA 7019B SJA 454A 01/12/2007 14/03/2008 HYN				
CC3/AIG10021572/Dn1f2q2 14/01/2011 SHA 7019B SDF 1838P 20/10/2010 19/01/2011 KWS		LOD		
CC3/AIG13010643/H1sa3q2 25/07/2013 SHA 7019B SKG 7149S 10/06/2013 30/07/2013 HMK		After call ltr to OI:		
CS/FCI09011587/Dfr1 23/06/2009 SHB 7623B SHA 7019B 22/05/2009 25/06/2009 LPY				
NS/INC15018011/Gvbd1 02/11/2015 SHA 7019B FT 2243B 20/10/2015 04/11/2015 CKI				
NS/INC22007555/Tvce2 03/10/2022 SHA 7019B FBQ 9256G 04/08/2022 03/10/2022 FWL		**Documentation Check List:** Handler Typist		

	STAGE / 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:	☐	☐

*LAWYER CASE
*SUBMIT WP TO AXA

PRELIMINARY ADVICE Date/Time: ____   Sent By: ____

FINALIZATION   Date/Time: ____   Confirm with: ____   Confirm by: ____

Repair Cost: **L/SUM**   S$ **3,700.00** (**4** days) Reduction: **52** %   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~~ **/WP**
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$150.00**
Total:	**S$** 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: