15/5/2010

INS. CASE OWNER: CC6/AIG22007826/Aea3

LKK:

IDAC:

ASSIGNMENT

Surveyor: ADRIAN

DOI: 15/08/2022

Date / Time : 15/08/2022

Registered in Merimen: 16/08/2022

Pre-assign / CCU / FTE

Insured Vehicle No. : SKM 3971D

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :S$ D.O.A : 12/8/2022 19:35

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**

SKH 7491Y → → →

INSRS: WSP: SM Tel : AUTOMOTIVE Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
SKH 7491Y -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By CC4/AXA15010417/Kua3n2 16/11/2015 SKH 7491Y GR 7573P 22/06/2015 17/11/2015 NKQ
SKM 3971D -	Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By NA/INC19018156/h4 15/10/2019 ABDUL AZIZ BIN JUDIN SLC 895B SKM 3971D 13/10/2019 18/10/2019 LSH

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:	S$ (days)	Reduction: %	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
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
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:	