15/5/2010

INS. CASE OWNER:

CC4/ASM22008103/Uea3

LKK:

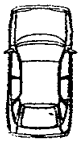
IDAC: 278325

ASSIGNMENT

Surveyor: MARCUS DOI: 23/08/2022 Date / Time : 23.08.2022

Registered in Merimen: ———

Pre-assign / CCU / FTE



Insured Vehicle No. : SMJ 1203T Claim No. : S2M049GP

Name of Insured : Policy No. : GA573754

Insured Tel No. : HP: Make / Model :

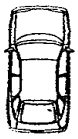
Excess Sec II :S$ D.O.A : 22/08/2022 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

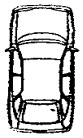
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

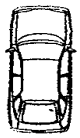
SJP 9201A → → →



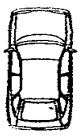
INSRS:
WSP: FASTECH
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
SJP 9201A - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		**STAGE** **DATE / PIC**
~~CC4/AXA11010310/Gq1dq2 24/10/2011 FV 8940Y SJP 9201A 01/05/2011 04/11/2011 LSL~~		Non-Reporting ltr (1st):
~~CS/AIG10011715/Rvr1 11/08/2010 SJN 7478S SJP 9201A 20/03/2010 16/08/2010 MYC~~		Non-Reporting ltr (2nd):
SMJ 1203T - X		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:
PRELIMINARY ADVICE Date/Time: Sent By:		Post-Repair Photos:
		Others:

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:	