

INS. CASE OWNER:

ASSIGNMENTSurveyor: **BRYAN**

DOI: _____

Date / Time : **23/08/2022**Registered in Merimen: **28/08/2022****Pre-assign / CCU / FTE**Insured Vehicle No. : **SLA 5503K**

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :\$ \$ D.O.A : **20.08.2022 08:45**

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****SH 7718A**INSRS: **BIFROST**
WSP: **AUTO**
Tel : **PTE LTD**
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	Customer Name	Vehicle No.	TP Vehicle No.	Accident Date	Close Date	STAGE	DATE / PIC
SH 7718A - Reference Entry Date	CS/TMI20011371/Ev13q2 11/11/2020	SH 7718A SLX 1698L	19/10/2020	12/11/2020	LST	Non-Reporting ltr (1st):	
SLA 5503K - Reference Entry Date	CC4/AXA17000302/Kza3q2 24/03/2017	SLA 5503K SLF 9611D	01/01/2017	30/03/2017	NDK	Non-Reporting ltr (2nd):	
						Non-Reporting ltr (Final):	
						Notification ltr (if non-pickup):	
						Call OI:	
						After call ltr to OI:	
						Documentation Check List:	
						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\$						
Disbursement:	S\$	(e.g. Tow/ Independent)					
Legal Cost	S\$						
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:					