15/5/2010

LKK:

INS. CASE OWNER: IDAC:

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 19/10/2022   Date / Time : 19/10/2022

Registered in Merimen: ____
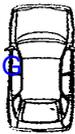
Pre-assign / CCU / FTE

Insured Vehicle No. : **GBE 911X**	Claim No. :
Name of Insured :	Policy No. :
Insured Tel No. : HP:	Make / Model :
Excess Sec II :S$ D.O.A : 18/10/2022 04:00	Place of Accident : YISHUN ST 22 OPEN CARPARK
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**

SNF 5793P ⟶ ⟶ ⟶

INSRS:	INSRS:	INSRS:	INSRS:
WSP: **HWA SENG**	WSP:	WSP:	WSP:
Tel : **SPRAY PAINTING**	Tel :	Tel :	Tel :
Liability : **PTE LTD**	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
SNF 5793P - X			
GBE 911X - Reference Entry Date Customer Name Vehicle No. TP Vehicle No. Accident Date Close Date Created By		Non-Reporting ltr Close	
CC4/AXA16022564/T1pb3q2-1 16/11/2018 GBE 911X SGE 2868R 30/06/2016 16/11/2018 LSP		Non-Reporting ltr (2nd):	
CC4/AXA16022564/T1zb3q2 20/12/2017 GBE 911X SGE 2868R 30/06/2016 21/12/2017 LSP		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: