

INS. CASE OWNER:

KE  
Kenneth

CC 3 AXA1600 6755.1

P  
#3  
K 997.9

LKK:

IDAC:

Surveyor:

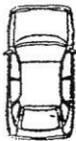
DOI:

Date / Time:

Registered in Merimen:

ASSIGNMENT

Pre-assign / CCU / FTE



Insured Vehicle No. :

SJR 7186M

Claim No. :

C0379481

Name of Insured :

Padmanabhan Abhayakumar

Policy No. :

G1A091285

Insured Tel No. :

83067106 HP: 91595588

Make / Model :

Honda AT F3 LA

Excess Sec II :SS

D.O.A. :

914/16

Place of Accident :

Keppel Road.

Is driver the owner? ( YES / NO )

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

Anupam Abhayakumar

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

Driver Tel No. :

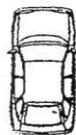
83067106

(VL: YES / NO)

Insured Liability : %

Final ? Yes / No

SJD 274K



INSRS:

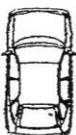
WSP:

Tel :

Liability :

RMKS:

Trans-cab



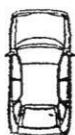
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time	STAGE	DATE / PIC
27/6/16 @ 3:50	Spoken with OI, confirmed the accident. OI have no evidence to prove. OI said PIA Result aldy forwarded to AXA Ms Jas Tam. OI agreed to settle & aware NCO issue.	16/4/16
27/6/16 @ 3:50	OI will do addendum BIA to amend TP veh Number.	
28/6/16 @ 9:55	Sent email to OI to do the amendment of TP veh number.	
08-08-19	LIABILITY IS DOWN TO SPEED UP SETTLEMENT.	
4/9/19	File pass to typist report	
11/9/19	Selec Mandan via merimen	

<b>PRELIMINARY ADVICE</b>		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	PIP	S\$ 33523.03 ( 9 days)	Reduction: 66 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>		Date/Time: 9/9/2020	Confirm with: Jasmine	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed)	BOLA S/N No. : 5	If NO or B 28, Ass. Lia :
Repair Cost:	W/P	S\$ 35869.64		
Loss of Rental (LOR):	S\$ 1203.75	( 9 days) x 133.75		
Loss of Use (LOU):	S\$ -	( \$ x days)		
Loss of Income (LOI):	S\$ -	( \$ x days)		
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$ 600	5.35		
Medical:	S\$ -			1) Claim status: Normal/Reject/Private Settle
Disbursement:	S\$ -		(e.g. Tow/Independent)	2) Report Format: <input type="checkbox"/>
Legal Cost	S\$ -			3) Survey fee: \$350.00
Total:	S\$ 37078.74	Global Sum S\$: 37000.00		
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$ 37000.00	Name 1:	Trans-cab Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		