

INS. CASE OWNER:

CC 4/AXA1601 7537, AUB

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

16/1/16

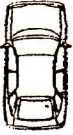
Date / Time :

16/1/16

Registered in Merimen:

16/1/16

Pre-assign / CCU / FTE



Insured Vehicle No. :

SPD 217A

Name of Insured :

SOON WIN LING.

Insured Tel No. :

HP: 81867933

Excess Sec II :S\$

D.O.A : 14/1/16

Is driver the owner?

(YES) / NO)

Nature of Accident :

Claim No. :

C0369851

Policy No. :

VPA/P1776090.

Make / Model :

HONDA

Place of Accident :

KATONG RD

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

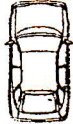
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No

S76 14514



INSRS:

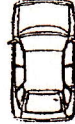
WSP:

Tel :

Liability :

RMKS:

M-1



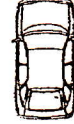
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time		STAGE	DATE / PIC
19/1/16	S76 14514 ? NA/11/16/17/308/13 NA=14/1/16	Non-Reporting ltr (1st):	
19/1/16	SEP 217A = 14/1/16/17/308/13 NA=14/1/16	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
20/01/16 @ 10.24am	CALLED OI MDM SOON @ 8186 7933, IN THE MEETING.	Call OI:	22/01/16 - S76 14514
		After call ltr to OI:	EMBU
22/01/16 @ 2.21pm	SPOKE TO OI MDM SOON @ 8186 7933. SHE CONFIRMED ACCIDENT DETAILS & REAR-ENDED TP IN C.C. INFORMED TP CLAIM & ALSO ISSUES. AGREED TO SETTLE. HAVE SCENE PHOTOS. SENT LETTER 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:	Confirm by:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S\$	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	% 100%.	(Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%.
Repair Cost:	S\$			(4 VEH, C.C, OI 3RD VEH)
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:		

AXA INSTRUCTED TO CLOSE CASE & SUBMIT WP REPORT

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: PFI ONLY
 3) Survey fee: \$100.00