

15/2/2010

INS. CASE OWNER:

CC4 / AXA1601 8353, K1803

LKK:

IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

28/9/16

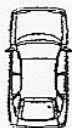
Date / Time:

28/9/16

Registered in Merimen:

28/9/16

Pre-assign / CCU / FTE



Insured Vehicle No. :

YL Y616B

Claim No. :

C0401746

Name of Insured :

WORLD TRACK AGENCIES P/L

Policy No. :

VLC/P158789

Insured Tel No. :

HP:

Make / Model :

NISSAN

Excess Sec II : \$

D.O.A. :

28/9/16

Place of Accident :

WHITLEY TRAFFIC LIGHT

Is driver the owner?

(YES / NO)

Nature of Accident :

TWO'S STEVEN R

If NO, Driver Name / Age :

MARON BIN SAROON

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

Driver Tel No. :

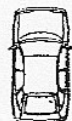
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

GMB 1083



INSRS:

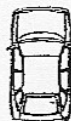
WSP:

Tel :

Liability :

RMKS:

SMRT



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	STAGE	DATE / PIC
28/9/16	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	28/9/16
	After call ltr to OI:	1
31/10/16 @ 2:00	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:	☐

Spoken with OI Company in charge. She requested us to email officially sent to her company. She will check with her boss & let us know. Inform her TP reported they have in car camera & we have requested them to provide us.

Gmail sent to OI Company.

File review (driver) → check if OI received letter? Offer up to 50/50. Withholding each. Follow up with OI / seek AXA approval for 50 handling. / 50/50

RECEIVED 23 MAY 2018

06-12-18 BASED ON POSITION OF IMPACT, THE LIABILITY IS TO BE SHARED EQUALLY

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$	days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :
Repair Cost:	\$	
Loss of Rental (LOR):	\$	(days)
Loss of Use (LOU):	\$	(\$ x days)
Loss of Income (LOI):	\$	(\$ x days)
LOR only ☐ LOU only ☐		LOR + LOU ☐ LOR + LOI ☐ [Tick only one]
GIA/LTA Search	\$	
Medical:	\$	
Disbursement:	\$	(e.g. Tow/Independent)
Legal Cost	\$	
Total:	\$	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$	Name 1:
Payee 2: (Strike if N.A.)	\$	Name 2:
Payee 3: (Strike if N.A.)	\$	Name 3:

1) Claim status: No final/Reject/Private Settle

2) Report Format: 9P

3) Survey fee: \$350/-

COPY SENT