15/5/2010

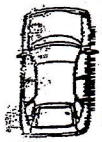
INS. CASE OWNER: Vale | CC 4 /AXA17022379 / ha3 | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 23/11/17

Registered in Merimen: 23/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5849A | Claim No. : _____

Name of Insured : TRANS-CAB SERVICES PTE LTD | Policy No. : P1680520

Insured Tel No. : _____ HP: _____ | Make / Model : RENAULT LATITUDE - 2.0 L (A)

Excess Sec II :S$ 5,000.00 D.O.A : 21/11/17 | Place of Accident : TAMPINES AVENUE 2

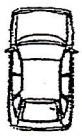
Is driver the owner? (YES / NO) | Nature of Accident : _____

If NO, Driver Name / Age : ANG SAY BENG | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

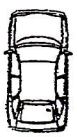
Driver Tel No. : 9048 0749 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SLN 1796P → _____ → _____ → _____

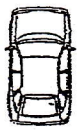
INSRS:
WSP: Premium Auto
Tel :
Liability : ARC
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLN 1796P - X SHC 5849A - CC3/FCI15021291/KybC2 DOA: 14/04/15 - CC3/III1600079S5/KybJ12 DOA: 27/04/16 - CS/TP13001129/Kun DOA: 21/04/11
27/11/17 (V.C)	
27/11/17	- FILE REVIEWED. CONFLICTING VERSIONS. CUTTING LANE. BOTH REPORTED THE OTHER CAR CUT LANE. SEND EMAIL TO OI TO NOTIFY TP CLAIM.
	- EMAIL LIABILITY UNCERTAIN.
27/09/18	- NO FEEDBACK FROM TP.
	- NO SURVEY DONE.
	- EMAIL TO AXA TO FOLLOW. CLOSE CASE.
04-10-18	TO CANCEL FILE NO Survey.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	27/11/17 - VLC EMAIL ONLY
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. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ –			(CONFLICTING VERSIONS)
Loss of Rental (LOR):	S$ –	(days)		
Loss of Use (LOU):	S$ –	($ x days)		CANCELLED "NO SURVEY" TP LIABILITY
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:	–