15/5/2010

INS. CASE OWNER: Wanling | CC 4/AXA1702 7604, WHB | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 11/12/17

Registered in Merimen: 11/12/17

Pre-assign / CCU / FTE

Insured Vehicle No.	: SKV 701P			Claim No.	: C0461879
Name of Insured	: LOW HUEY CHIN			Policy No.	: UA007181/1
Insured Tel No.	:	HP:	90036124	Make / Model	: MINI
Excess Sec II :S$		D.O.A :	07/12/17	Place of Accident :	AMK Ave 2
Is driver the owner?	(YES / NO)	Nature of Accident :			

If NO, Driver Name / Age : HUI WEI HONG TERRENCE

Driver Tel No. : 90110777 (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SLS 6377G → ______ → ______ → ______

INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Motor image (ARC)			

Date/ Time		STAGE	DATE / PIC
13/12/17	SLS 6377G – LWC / 1111107 / WHB 3 / 6/10/17	Non-Reporting ltr (1st):	
	SKV 701P – 4	Non-Reporting ltr (2nd):	
VC	"please get video from PH."	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
19-12-17	@ 421PM W/OID, HE WILL	After call ltr to OI:	19/12/17 – VIC
	SEND VIDEO VIA EMAIL	**Documentation Check List: Handler Typist**	
	TO DROP HIM A LETTER AT	Notification ltr (if non-pickup)	
		After call ltr to OI: (EMAIL)	
	terrencehui123@gmail.com	Authorisation To Act:	
	- SEND EMAIL TO OID/OI.	Release Voucher:	
	- PENDING OI COM FOOTAGE.	Final Repair Bill:	
02/02/18	- EMAIL LIABILITY CLOSE. NO FEEDBACK FROM	Car Rental Invoice:	
	OI.	Towing Invoice	
26-03-19	C/I D IS AT FAULT IN FILTERING TO RIGHT LANE W/O DUE CARE	LTA / GIA :	
	TO EXPEDITE SETTLEMENT WITH T/P.	Medical Bill:	
26/03/19	AXA INSTRUCTED TO CLOSE OFF CASE	PIR:	
	ONCE TP IS INFORMED & NO SURVEY	Mandate/Reject Instruction:	
	DONE.	LOD	
25-03-19	TO CANCEL FILE NO SURVEY DONE.	Payment Breakdown Form:	

PRELIMINARY ADVICE Date/Time: Sent By: | Post-Repair Photos: | Others:

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. : 15	If NO or B 28, Ass. Lia : COLD FILTERING LANE)
Repair Cost:	S$ —	
Loss of Rental (LOR):	S$ — (days)	CANCELLED CASE
Loss of Use (LOU):	S$ — ($ x days)	NO SURVEY
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: —