

ASS: 3/5/2010

INS. CASE OWNER:

CC 3 / AXA1702

LKK:
IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No. : SKW 36874

Name of Insured : Ewan Webb Brown

Insured Tel No. : HP: 22/11/14

Excess Sec II : \$\$ D.O.A: 22/11/14

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

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No. : 87M00W11 m671

Policy No. : 0416764

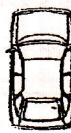
Make / Model : TOYOTA

Place of Accident : MILE OF BUNK AVE 10 A
BUNK AVE 3

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

Insured Liability: % Final ? Yes / No

SKW 6875

INSRS:
WSP:
Tel:
Liability:
RMKS:Trans
Cub.
[MRL]INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

2/1/18
7/1/18

SKW 6875-X

SKW 26874-Y

*Smart claim

"pls check with insured prior to settlement
bros in his report, he mentioned not claiming
insurance against each party."

Called OI no response

RECEIVED 04 APR 2018

9/1/18/23-00
12/01/18- called OI no response
- send letter to OI.
- to follow up call OI.
- AXA APPROVED MANIFEST.22/1/18/210 hrs: spoke to OI 98201743 received letter, agreed to
settled on 7th claim, aware of WOB issue.20/02/19
20/05/19- send 1st offer to TP.
- TP accepted offer. All docs in order

PRELIMINARY ADVICE

Date/Time:

1/1/18

Sent By:

DML

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 22/1/18 > SH

After call ltr to OI: 12/01/18 - we ok

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:

DO FORM

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

5,850.00

(2.5 days)

Reduction:

84 %

Email

Call

FINAL SETTLEMENT

Date/Time:

27/05/19

Confirm with:

WMA VIN

Email

Call

Total Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

SS

5938.50

Loss of Rental (LOR):

SS

364.38

(3 days) x 101.46

Loss of Use (LOU):

SS

150.00

(\$ 50 x 3 days) (C-TPM)

Loss of Income (LOI):

SS

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

CIA/LTA Search

SS

5.35

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

Total:

SS

6248.23

Global Sum \$\$:

-

FINAL PAYMENT

Date/Time:

27/05/19

Confirm with:

WMA VIN

Email

Call

Payee 1:

SS

6248.23

Name 1:

TKMS-CMS AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00