45/5/2010

INS. CASE OWNER:

CC 3 ASM /AXA1702 4670 / Ehab

LKK:

IDAC:

ASSIGNMENT

Surveyor: FSL DOI: 28/11/17 Date / Time : 28/11/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 1762X Claim No. : 87M00604K | 22588

Name of Insured : MR CHEW LIAP Policy No. : CW8653S4

Insured Tel No. : HP: 98788619 Make / Model : TOYOTA

Excess Sec II :S$ D.O.A : 26/11/17 Place of Accident : VEHICLE BATTERY UP BLK 64 ANG MO KIO - STOREY UP

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

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SHF 6444M → → →

INSRS: trans WSP: Tel : Liability : RMKS: Cnh

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
28/11/18 VL	SHF 6444M - CLX/ACH LBU 2764/ LEWIS SAX DOB: 20/1/66 SLV 1762X - Y * SMARTCLAIM. (NO VIDEO FOOTAGE) * pls obtain video footage as insrd reported stationary. " - CALL OI. MANDARIN.
06/12/18@11:32AM	
26/12/2018 (pchkin) 9.05 am	- call OI at 98887619, OI wife pick up the call and request call back after 6pm as OI is at work. - EMAIL TO OI WORKSHOP TO GET VIDEO
26/12/2018 6pm (pchkin)	- spoke to OI (Mr Ng) at 98887619. OI dispute on liability, and mention the video footage have been submitted to his workshop KIV video footage from bonnet motors. OI video uploaded, save in V Drive / VIC / SLV 1762X
14/05/18	- SMART CLAIMS. PENDING REJECTION APPROVAL. - AXA APPROVED TO REJECT CLAIM - EMAIL TO TP TO REJECT & CLOSE CASE.
15/05/18	- PLS PASS TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
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: 1/1/18 Sent By: VIC

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. : If NO or B 28, Ass. Lia :

Repair Cost: S$ —

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:	—

Reject Case
By (staff): NIL VIC
Approved by : Yun
Date : 15-05-18

"REJECT TP CLAIM" NO SETTLEMENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $350.00

- CHECKED BY VIC
- VIC
- 14/05/18