

15/5/2010

INS. CASE OWNER:

JMS

CC 4 ASM / AXA1800 0957, KH03

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

16/1/18

kh03

Date / Time:

16/1/18

Registered in Merimen:

SB M00540

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKU 6099K

Claim No. :

SB M00540 / 24594

Name of Insured :

UUA ZHI YONG

Policy No. :

VPA/P1900982

Insured Tel No. :

HP: 94375084

Make / Model :

2010TX

Excess Sec II :\$

D.O.A : 16/01/18

Place of Accident :

SVE NEAR EXIT 8P

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

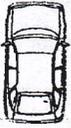
Driver Tel No. :

(V/L) YES / NO

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

Insured Liability : % Final ? Yes / No

SU 3030M



INSRS: WSP: Tel: Liability: RMKS:

Auto work



INSRS: WSP: Tel: Liability: RMKS:



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INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
25/1/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: 25/1/18 SH	
	After call ltr to OI: 02/02/18 - vic ok	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>
25/1/18	SU 3030M - 04/1/18 12/26/1/18 KH03 0957 - 8/1/18	
	SKU 6099K - P	
	# Smartclaim	
25/1/18 11/45 hrs	spoke to Mr chun, OI, @ 94375084 agreed to settled on TP claims, aware of NCO issue. will sent letter	
02/02/18	SEND LETTER TO OI.	
	GMAIL LIABILITY CLMTR.	
	FINISHED.	
	TP LOD IN BY GMAIL	
02/02/18	TYPE REPORT FOR WARRANTY APPROVAL	
28/02/18	GMAIL WARRANTY APPROVAL TO AXA BY SMARTCLAIMING. RECEIVED 06 JUN 2018	
	AXA APPROVED WARRANTY @ LOR + BMS.	
28/02/18	SEND 1ST OFFER TO TP	
PRELIMINARY ADVICE	Date/Time: 17/1/18	Sent By: PH
	16/1/18 - TP ACCEPTED OFFER. ALL GOOD IN ORDER.	
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: 116	\$S 3,750.00 (5 days)	Reduction: 57 %
FINAL SETTLEMENT	Date/Time: 15/1/18	Confirm with: YUKI
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27
Repair Cost:	\$S 3,750.00	
Loss of Rental (LOR) (4/60)	\$S 428.00 (4 days) x \$100.00	
Loss of Use (LOU):	\$S 60.00 x + days) PFI	
Loss of Income (LOI):	\$S - (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$S 2.00	
Medical:	\$S -	
Disbursement:	\$S -	(e.g. Tow/ Independent)
Legal Cost	\$S -	
Total:	\$S 4,180.00	Global Sum \$S: -
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S 4,180.00	Name 1: AUTOWORK HOUSE
Payee 2: (Strike if N.A.)	\$S -	Name 2: -
Payee 3: (Strike if N.A.)	\$S -	Name 3: -