

INS. CASE OWNER: YVONNE | CC3 / AXA 12023990 / Kha3q2-1 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH | DOI: 12/12/12 | Date / Time: 12/12/12
Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SGS 12AD
Name of Insured :
Insured Tel No. : HP:
Excess Sec II :SS D.O.A : 11/12/12
Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : CO258673
Policy No. :
Make / Model :
Place of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Driver Tel No. : (VL: YES / NO) Insured Liability : % Final ? Yes / No

SHD 53245 →



INSRS:
WSP: TRANS CAB
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | 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) | <input type="checkbox"/> |
| | After call ltr to OI: | <input checked="" type="checkbox"/> |
| | Authorisation To Act: | <input checked="" type="checkbox"/> |
| | Release Voucher: | <input checked="" type="checkbox"/> |
| | Final Repair Bill: | <input checked="" type="checkbox"/> |
| | Car Rental Invoice: | <input checked="" type="checkbox"/> |
| | Towing Invoice | <input type="checkbox"/> |
| | LTA / GIA : | <input checked="" type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input checked="" type="checkbox"/> |
| | LOD | <input checked="" type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> |

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by:
Repair Cost: 46 S\$ 3,250.00 (4 days) Reduction: 50 % Email Call

FINAL SETTLEMENT Date/Time: 06/12/19 Confirm with: WRI YIN Email Call
Final Liability: % 20 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: 43,477.50 S\$ 695.50 settled @ 20%
Loss of Rental (LOR): 1577.80 S\$ 115.56 (6 days) x 96.30
Loss of Use (LOU): - S\$ - (\$ - x - days)
Loss of Income (LOI): 6300 S\$ 60.00 (\$ 50 x 6 days)
LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
GIA/LTA Search 600 S\$ 6.00
Medical: - S\$ -
Disbursement: - S\$ - (e.g. Tow/ Independent)
Legal Cost - S\$ -
Total: 4,361.30 S\$ 877.06 Global Sum S\$: 870.00
1) Claim status: Normal/Reject/Private Settle
2) Report Format:
3) Survey fee: \$250 + \$150.00 (715)

FINAL PAYMENT Date/Time: Confirm with: Email Call
Payee 1: S\$ 870.00 Name 1: TRANS-CAB AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.) S\$ - Name 2: -
Payee 3: (Strike if N.A.) S\$ - Name 3: -

Yvonne Ang. CC3/AXA/2023990/KJA392-1

15/02/01

CASE OWNER:

Val C11 *Ang* CC3/AXA120 23940 / *1 km d*

LKK IDAC: 311

ASSIGNMENT

Surveyor: K/ANDTH

DOI: 12/12/12

Date/Time: 12/12/12

Pre-assign / CCU / FTE

URGENT

Registered in Merimen: 0258673/EA



Insured Vehicle No.: SGJ 1241D
 Name of Insured: K. vic kngwee SIC kandan
 Insured Tel No.: HP: -
 Excess Sec II :SS D.O.A: 11/12/12

Policy No.: PIC81354 -FA
 Make / Model: KIA
 Place of Accident: Buangket Gempil

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

CI GIA REPORT: **YES** / NO ; TP GIA REPORT: **YES** / NO

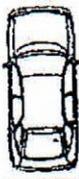
IF NO, Driver Name / Age: J NPSH.PTHHAN THAY

Driver Tel No.: 9295 5325 / 9601 5931 (VIA) YES / NO Insured Liability: % Final? Yes / No

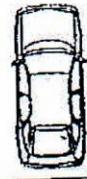
SHD 53245



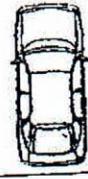
INSRS: First Capital
 WSP: TRANS-LAB
 Tel:
 Liability:
 RMKS:



INSRS:
 WSP:
 Tel:
 Liability:
 RMKS:



INSRS:
 WSP:
 Tel:
 Liability:
 RMKS:



INSRS:
 WSP:
 Tel:
 Liability:
 RMKS:

| Date/Time | FOR CSO ONLY: | STAGE | DATE / PIC |
|---------------------------|--|----------------------------------|------------------------------|
| | Is driver the owner? (YES / NO) | Finalisation: | |
| | IF NO, Driver Name / Age: | Email AIG for OI GIA: | |
| | Driver's Own Vehicle Number: <u>SGJ 1241D - X</u> | Apt letter to OI: | |
| | Insurance Company: <u>-</u> | Call OI: | <u>ostcal@vic</u> |
| | <u>SHD 53245 - X</u> | After call ltr to OI: | <u>2/1/13</u> |
| <u>13/12/12</u> | <u>Pending WSP EST.</u> | Type Report: | |
| <u>15/1/13</u> | <u>Rec est.</u> | Prepare Invoice: | <u>10/1/13</u> |
| | | Others: | |
| | | Documentation Check List: | Handler Typist |
| | | OI Apt Ltr: | <input type="checkbox"/> |
| | | Authorisation To Act: | <input type="checkbox"/> |
| | | Release Voucher: | <input type="checkbox"/> |
| | | Final Repair Bill: | <input type="checkbox"/> |
| | | Car Rental Invoice: | <input type="checkbox"/> |
| | | LTA / GIA : | <input type="checkbox"/> |
| | | Medical Bill: | <input type="checkbox"/> |
| | | Approval Email: | <input type="checkbox"/> |
| | | Payment Breakdown Form: | <input type="checkbox"/> |
| | | Others: | <input type="checkbox"/> |
| <u>21-1-13</u> | <u>TO REJECT FIRST BUT CONSIDER REVEOIF PSG STATEMENT IS AVAILABLE TO GET EVIDENCE FIRST FROM TP.</u> | | |
| <u>27/8/13</u> | <u>EMAIL WSP FOR EVIDENCE (WITNESS STATEMENT)</u> | | |
| <u>05/10/13 @ 12:03PM</u> | <u>Called OI infd OI that was re representing AXA to resolve TP PD claim. infd OI that we have to settle claim at best infd OI share NCD issue. OI did not dispute PD claim. To send letter.</u> | | |
| <u>21/10/13 @ 1:04PM</u> | <u>SPOKE TO OI. STATED TP DO BI CLAIM. SHE NOW PROPOSES ON LIABILITY IN CLAIM. SHE GOT LAWYER HELPING HER DO TP CLAIM.</u> | | |
| <u>8/5/14</u> | <u>BI not yet settled. 25% - OI indication. - more in our favour.</u> | | |

| FINAL SETTLEMENT | Date: | Confirm with | % (Agreed / Assessed) | BOLA S/N No.: |
|------------------|-------|-----------------|-----------------------|--------------------------|
| Repair Cost: | SS - | Final Liability | 20% | PIL |
| Loss of Rental: | SS - | (days) | | IF NO or B 28, Ass. Lia: |
| Loss of Use: | SS - | (\$ x days) | | |
| Disbursement: | SS - | | | |
| Total: | SS - | Global Sum: SS | | |

22/11/19 checked w/AXA - injury 2900 + settled at 10-20%

