

INS. CASE OWNER:

Cynthia

CC 4 ksm / AXA1800 1774, 4 W63

LKK:

IDAC:

Surveyor:

x62

DOI:

ASSIGNMENT

29/01/18

9473

Date / Time:

29/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKC 16955

Name of Insured:

RAMANAR SUBRAMANIAM MURANUDARAN

Claim No.:

S8m007u8 1 27777

Policy No.:

4400978211

Insured Tel No.:

HP: 94740767

Make / Model:

HYUNDAI

Excess Sec II :S\$

D.O.A: 25/01/18

Place of Accident:

YISHUN AVE 1 TMS MAMPAI

Is driver the owner?

(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:

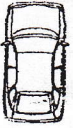
%

Final ? Yes / No

SLT 34565

SKC 16955

SLN 747M



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

ETHICARE

TP



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
29/01/18	SLN 747M -> SKC 16955 -X	Non-Reporting ltr (1st):	
✓	* smart claim.	Non-Reporting ltr (2nd):	
	" non ARC. 3rd - 61 2nd car."	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
01/02/18 @ 1150 hrs:	called OI Rammanar Subramaniam 94740767 but no respond. will sent ltr to - SLN	After call ltr to OI:	
	- PENDING.	Documentation Check List: Handler Typist	
	- TP LOB IN BY MAMPAI	Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
21/02/18	- book UPDATE TO AXA BY MURANUDARAN	Authorisation To Act:	☒
29/02/18	- AXA APPROVED UPDATE @ 21.07.18.	Release Voucher:	☐
20/03/18	- SEND 1ST OFFER TO TP.	Final Repair Bill:	☒
03/04/18	- TP ACCEPTED OFFER.	Car Rental Invoice:	☒
	- ALL DOCS IN ORDER.	Towing Invoice	☐
	- TO CLOSE.	LTA / GIA:	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☒
		Others:	☐

PRELIMINARY ADVICE Date/Time: 21/02/18 Sent By: JIC

FINALIZATION Date/Time: 13/3/18 Confirm with: KEVIN.

Repair Cost: 45 S\$1,700 (4 days) Reduction: 61 %

Confirm by:

Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 03/04/18 Confirm with: KATHERINE

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 78

If NO or B 28, Ass. Lia:

Repair Cost: S\$ 1,700.00

(3 VEH. CC., 01 2ND)

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 600.00 (\$ 120 x 5 days) (Rental Rate)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 7.15

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: \$350.00

Total: S\$ 2,207.15 Global Sum S\$: 2,100.00

FINAL PAYMENT Date/Time: Confirm with:

Email ☐ Call ☐

Payee 1: S\$ 2,100.00

Name 1: ETHICARE FOR LOD

Payee 2: (Strike if N.A.) S\$ -

Name 2: -

Payee 3: (Strike if N.A.) S\$ -

Name 3: -