

INS. CASE OWNER:

CC 4 / ASM1800 2877 / UYKAS

IDAC: 30517

ASSIGNMENT

DOI:

13/2/18

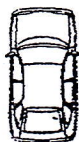
Date / Time:

12/02/18

Registered in Merimen:

Pre-assign / CCU / FTE

GBG 1459T



Insured Vehicle No.:

Name of Insured:

CHEN DYNASTY MARKETING

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

9/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

KALI PALAMS MY

Driver Tel No.:

97235161

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

JPM 00852 / 30517

VCA/PIA70889

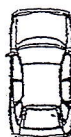
KIA K200

MANDAL ESTATE

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

Insured Liability: % Final ? Yes / No

GBE 7593J



INSRS:

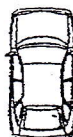
WSP:

Tel:

Liability:

RMKS:

Chin meng.



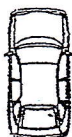
INSRS:

WSP:

Tel:

Liability:

RMKS:



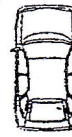
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

12/2/18

12/2/18

12/6/19

31/1/19

19/1/19

GBE 7593J - 15/7mi 1701881 / 14/6/18; 12/2/18

GBG 1459T - X

Confirm accident details, inform TP claim
letter sent out Pending PIR.

Seek mandal via SMART.

ORIG. TP LOR IN
 AXA IN VIEW TO RESORT TP CLAIM.
 BUNKAL TO TP TO RESORT CLAIM
 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:

Sent By:

19-11-19

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.:

NW

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

RESORT TP CLAIM
 TP LIKELY MOVED OUT
 FROM GPG ROAD