

15/5/2010

INS. CASE OWNER:

CC 4/AXA1800

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

ASSIGNMENT

14/02/18

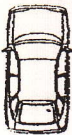
Date / Time:

17/01/18

Registered in Merimen:

17/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMD 9516P

Name of Insured:

TRANS-UB SERVICES PTE

Insured Tel No.:

HP:

Excess Sec II :S\$

5000

D.O.A:

05/07/18

Claim No.:

10470157

Policy No.:

VPK11680520

Make / Model:

CHEVROLET

Place of Accident:

PRYA LEBAR RD

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAY CHIENG TIONG

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

Driver Tel No.:

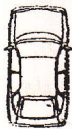
(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SDV 618E



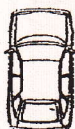
INSRS:

WSP:

Tel:

Liability:

RMKS:

AH
UM.

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
14/1/18	SDV 618E - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
30/05/18	FILE REVIEWED. OLD REPORTED TP WE CANE. CONFIRMING VERSIONS. SEND EMAIL TO OI TO NOTIFY TP CLAIMS.	Notification ltr (if non-pickup):	
		Call OI:	30/05/18 - VIC
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	
		After call ltr to OI:	EMAIL
		Authorisation To Act:	
		Release Voucher:	
30/6/18	TYPE REPORT FOR WARRANTS	Final Repair Bill:	
	REPORT DONE	Car Rental Invoice:	
		Towing Invoice:	
24/12/18	BOOK WARRANTS TO ACT BY WORKING	LTA / GIA:	
31/12/18	AXA APPROVED WARRANTS	Medical Bill:	
21/01/19	SEND 1ST OFFER TO TP	PIR:	
13/03/19	TP ACCEPTED OFFER.	Mandate/Reject Instruction:	
	ALL DONE IN ORDER.	LOD	
	TO CLOSE.	Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Post-Repair Photos:	
	Sent By:	Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S\$ 720.40	(2 days) Reduction: 62 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☒ Call ☐
Final Liability:	% 30	(Agreed / Assessed) BOLA S/N No.:	DIL
Repair Cost: \$770.89	S\$ 770.89		
Loss of Rental (LOR):	S\$ -	(days)	
Loss of Use (LOU): \$250	S\$ 100.00	(\$100 x 2 days)	
Loss of Income (LOI):	S\$ -	(\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[Tick only one]	
GIA/LTA Search \$7.45	S\$ 7.45		
Medical:	S\$ -		
Disbursement:	S\$ -	(e.g. Tow/ Independent)	
Legal Cost	S\$ -		
Total: \$978.78	S\$ 992.87	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 492.87	Name 1:	AH LIM MOTOR COMPANY
Payee 2: (Strike if N.A.)	S\$ -	Name 2:	
Payee 3: (Strike if N.A.)	S\$ -	Name 3:	