

INS. CASE OWNER:

STACY: CC4 ASM AXA1800 7500, W Wb3

LKK: IDAC:

Surveyor:

WILSON

DOI:

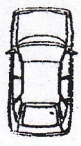
ASSIGNMENT 26/02/18

Date / Time:

27/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLB 44014

Name of Insured:

UMA YOUNG FOST EDWIN

Insured Tel No.:

HP: 97955877

Claim No.:

88M009FP / 21910

Policy No.:

GA180127

Make / Model:

MERCEDES

Excess Sec II :\$

D.O.A: 27/2/18

Place of Accident:

SUP RD TO PLE MANNI

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

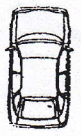
(V/L: YES/NO)

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

Insured Liability: %

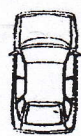
Final? Yes/No

SVR 84695

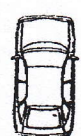


INSRS: WSP: Tel: Liability: RMKS:

Ryder Ants



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
27/2/18	Non-Reporting ltr (1st):	
27/2/18	Non-Reporting ltr (2nd):	
27/2/18	Non-Reporting ltr (Final):	
27/2/18	Notification ltr (if non-pickup):	
27/2/18	Call OI:	0510010 - DAWN
27/2/18	After call ltr to OI:	
27/2/18	Documentation Check List:	Handler Typist
27/2/18	Notification ltr (if non-pickup)	<input type="checkbox"/>
27/2/18	After call ltr to OI:	<input checked="" type="checkbox"/>
27/2/18	Authorisation To Act:	<input checked="" type="checkbox"/>
27/2/18	Release Voucher:	<input checked="" type="checkbox"/>
27/2/18	Final Repair Bill:	<input checked="" type="checkbox"/>
27/2/18	Car Rental Invoice:	<input checked="" type="checkbox"/>
27/2/18	Towing Invoice:	<input type="checkbox"/>
27/2/18	LTA / GIA:	<input checked="" type="checkbox"/>
27/2/18	Medical Bill:	<input type="checkbox"/>
27/2/18	PIR:	<input type="checkbox"/>
27/2/18	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
27/2/18	LOD:	<input type="checkbox"/>
27/2/18	Payment Breakdown Form:	<input type="checkbox"/>
27/2/18	Post-Repair Photos:	<input checked="" type="checkbox"/>
27/2/18	Others:	<input type="checkbox"/>
27/2/18	PRELIMINARY ADVICE	Date/Time: Sent By:
27/2/18	FINALIZATION	Date/Time: Confirm with: Confirm by:
27/2/18	Repair Cost:	\$S 19,500.00 (10 days) Reduction: 66 % Email <input type="checkbox"/> Call <input type="checkbox"/>
27/2/18	FINAL SETTLEMENT	Date/Time: Confirm with: Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
27/2/18	Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 28
27/2/18	Repair Cost:	\$S 10,500.00
27/2/18	Loss of Rental (LOR):	\$S 1,200.00 (12 days) x \$100
27/2/18	Loss of Use (LOU):	\$S - (\$ x days)
27/2/18	Loss of Income (LOI):	\$S - (\$ x days)
27/2/18	LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]
27/2/18	GIA/LTA Search	\$S 2.00
27/2/18	Medical:	\$S -
27/2/18	Disbursement:	\$S - (e.g. Tow/Independent)
27/2/18	Legal Cost	\$S -
27/2/18	Total:	\$S 11,702.00 Global Sum \$S: 11,500.00
27/2/18	FINAL PAYMENT	Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
27/2/18	Payee 1:	\$S 11,500.00 Name 1: RYDER AUTO PTE LTD
27/2/18	Payee 2: (Strike if N.A.)	\$S - Name 2: -
27/2/18	Payee 3: (Strike if N.A.)	\$S - Name 3: -

1/2

REFERENCE NUMBER

CCA/AM/8003500/W/103

DATE / TIME

ACTIONS / REMARKS

23/07/18 - AXA APPROVED WARRANTS @ MAX G/L \$11,000.00.

24/07/18 - SEND 1ST OFFER TO TP.
- TP RESPONDED. PROPOSED \$12K CHL INJ.

25/07/18 - RECALL INSTRUCTIONS TO AXA.

12/09/18 - AXA INCREASED WARRANTS MAX @ \$11,500.00 CHL INJ)

13/09/18 - SEND 2ND OFFER TO TP.

17/09/18 - TP ACCEPTED OFFER.
- RECEIVED PV.
- ALL PDCS IN ORDER.
- TO CLOSE.