5/5/2010

INS. CASE OWNER: Sau Theng | CC 4 /AXA1800 3871 / 9wb3 9 | LKK: | IDAC:

ASSIGNMENT

Surveyor: XGQ   DOI: 1/7/18   Date / Time : 28/7/18

Registered in Merimen: 28/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHC5534A   Claim No. : C0471557

Name of Insured : Trans Cab Services Pte Ltd   Policy No. : P1680520

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ 5000.00   D.O.A : 24/2/18   Place of Accident :

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

If **NO**, Driver Name / Age :   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :   (V/L: YES / NO)   Insured Liability : %   **Final ? Yes / No**

PC8333G → → →

INSRS: Connect 3 WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	PC8333G – MM/CA/1701763/E4 DIM. 5/9/17
1/10/18	SHC5554A – LC3/CL/1701/1608/Eg3 DIM. 14/11/17
Winnie	" kindly inform AXA that we will escalate this case to GIA."
2/10/18	File pass to typist type report (URGENT)
2/10/18	Seek mandate via merimen
2/10/18	mandate approve via merimen
2/10/18	Email letter to OI

RECEIVED 1 8 OCT 2018

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	2/10/18 email.
After call ltr to OI:	Jivan

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: Confirm by:

FINALIZATION	Date/Time:	Confirm with:	Email ☐ Call ☐
Repair Cost:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/10/18	Confirm with Winnie.	If NO or B 28, Ass. Lia :
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		
Repair Cost:	S$ 1800.00		COPY SENT
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 450.00 (S$150 x 3 days)		
Loss of Income (LOI):	S$ (S$ x days)		
LOR only ☐ LOU only	☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$		1) Claim status: Normal/Reject/Private Settle
Medical:	S$	(e.g. Tow/ Independent)	2) Report Format:
Disbursement:	S$		3) Survey fee:
Legal Cost	S$		
Total:	**S$** 2250.00	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2250.00	Name 1: Connect 3	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	