

INS. CASE OWNER:

Lynthia

CC 4 / AXA1800

3987

LKK:
IDAC:

ASSIGNMENT

1/7/18

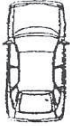
Surveyor: _____

DOI: _____

Date / Time: _____

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. :

XB 9731U

Claim No. :

S8M009821 | 32883

Name of Insured :

VEDUA ES SINGAPORE PIC

Policy No. :

D1162934

Insured Tel No. :

HP:

Make / Model :

1642N

Excess Sec II :\$

\$5000

D.O.A. :

16/2/18

Place of Accident :

LENGKOK MARIAM

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

ROSU BIN WAKIMIN

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

Driver Tel No. :

88606025

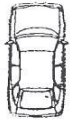
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SC 3939A



INSRS:

WSP:

Tel :

Liability :

RMKS:

700
RUK
KEE
(LAW)

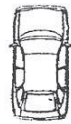
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time	STAGE	DATE / PIC
7/7/18	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
7/3/18	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:	
7/3/18	Called CID, confirm accident details. CID mentioned he was turning right and collided with TP vehicle who is stationary inform about TP. letter sent to CID to inform NCD will be affected.	
7/3/18	email to AXA for PS.	
7/3/18	to cancel file, TP change SJR to LBS NO survey done.	
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____		
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost:	SS (days) Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost:	SS	OID nit to stationary IP
Loss of Rental (LOR):	SS (days)	
Loss of Use (LOU):	SS (\$ x days)	
Loss of Income (LOI):	SS (\$ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	SS	
Medical:	SS	
Disbursement:	SS (e.g. Tow/Independent)	
Legal Cost	SS	
Total:	SS Global Sum S\$:	
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1:	SS Name 1:	
Payee 2: (Strike if N.A.)	SS Name 2:	
Payee 3: (Strike if N.A.)	SS Name 3:	