

15/5/2010

INS. CASE OWNER:

Ernest

CC 4 ASM AXA1800

4208, Awb3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

9/7/18

Date / Time :

9/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

PC 3193M

Claim No. :

58M0092H / 33505

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$\$

D.O.A :

2/7/18

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

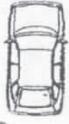
Driver Tel No. :

(V/L: YES / NO )

Insured Liability : %

Final ? Yes / No

PC 7700M



INSRS:

WSP:

Tel :

Liability :

RMKS:

MU solution



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

PC 7700M ->

PC 3193M ->

# smart claim

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:

24/08/2020

TP PASS CASE TO LAWYER FOR HANDLING. SUBMIT WP ADMIN TO CLOSE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S

\$\$ 11,800.00

( 7 days)

Reduction: 17,590.28

% 60

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

50

(Agreed / Assessed) BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost:

\$\$

Loss of Rental (LOR):

\$\$

( days)

(AXA'S INSTRUCTION ON 50%)

Loss of Use (LOU):

\$\$

(\$ x days)

Loss of Income (LOI):

\$\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$\$

Medical:

\$\$

1) Claim status: Normal/Reject/Private Settle

Disbursement:

\$\$

(e.g. Tow/ Independent )

2) Report Format:

WP

Legal Cost

\$\$

3) Survey fee:

\$250.00

Total:

\$\$

Global Sum \$\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

Name 1:

Payee 2: (Strike if N.A.)

\$\$

Name 2:

Payee 3: (Strike if N.A.)

\$\$

Name 3:

