15/5/2010

vall.

INS. CASE OWNER: | CC 4/~~AXA~~ ASM 1800 9748 / T1 163 | LKK: IDAC:

Surveyor: Tanfitch | ASSIGNMENT DOI: 16/3/18 | Date / Time : 13/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	GQ 3890E	Claim No. :	S 8MOOALU / 34636
Name of Insured :	CHIAP LEE SALES TRADING	Policy No. :	P 2027225
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 25/01/18	Place of Accident :	203 JURONG EAST ST 21
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :	CHIEW TECK SIONG	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SJZ 8128H →

INSRS: Regents WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
20/3/18	SJZ 8128H-Y GQ3890E-X
JC	* Smartclaim.
	"Pls check if TP has any evidence to proof involvement of our ins's veh. according to insured no-collision."
04/04/19	- EMAIL TO TP FOR EVIDENCE IF ANY.
15/11/19	- NO FEEDBACK FROM TP TILL DATE
	- INFORM AXA TO SUBMIT WP REPORT
	- CLOSE OFF CASE.

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:	☐	☐

PRELIMINARY ADVICE Date/Time: 20/3/18 Sent By: [signature]

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 2,915.00 (3 days)	Reduction: 34 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		
Loss of Rental (LOR):	S$ — (days)		WP REPORT, TP INACTIVITY NO SETTLEMENT
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	**[Tick only one]**	
GIA/LTA Search	S$ —		
Medical	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —		3) Survey fee: $250.00
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—