

1303100

C880 4844

INS. CASE OWNER: los

CC3/AXA14010341/KH2 y3

LKK:
IDAC

ASSIGNMENT

Surveyor: KalvinDOI: 2.6.14Assg Date: 2.6.14

Pre-assign / CCU / FTE

Insured Vehicle No.: SEV 2918CName of Insured: Laxmana chintara DeshapayaInsured Tel No.: HP: 81330191Excess Sec II: SS X D.O.A: 31.5.14Is driver the owner? (YES / NO) YES Nature of Accident: If NO, Driver Name / Age: Driver Tel No.: Claim No.: C0314804Policy No.: P1417377Make / Model: BMWPlace of Accident: Telok Blangah CarSide Vivacity

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

(V/L: YES / NO Insured Liability: % Final? Yes / No



INSRS:

WSP: SMARTTel: Liability: RMKS: 

INSRS:

WSP: Tel: Liability: RMKS: 

INSRS:

WSP: Tel: Liability: RMKS: 

INSRS:

WSP: Tel: Liability: RMKS:

Date/ Time		STAGE	DATE / PIC
9.9	FOR CSO ONLY:	Finalisation:	
10.9	Is driver the owner? (YES / NO)	Email AIG for OI GIA:	
	If NO, Driver Name / Age :	Apt letter to OI:	
	Driver's Own Vehicle Number Insurance Company:	Call OI: <u>(NO letter)</u>	
		After call ltr to OI: <u>RESPECT CASE</u>	
		Type Report:	
10/09/14	RECEIVED TP CON FOOTAGE.	Prepare Invoice:	
	TP CHANGED LABS.	Others:	
11/09/14	APPROX TO US SAG OF AXA. INFORMED	Documentation Check List: Handler Typist	
	HER OF OUR OPINION BASED ON CON	OI Apt Ltr: <u>(NO letter)</u>	
	FOOTAGE. SHE MAY RESPECT TP CLAIM.	Authorisation To Act:	
	SHE ASKED COPY OF CON FOOTAGE.	Release Voucher:	
	SEND EMAIL TO AXA RESPECT.	Final Repair Bill:	
	SEND CB TO AXA.	Car Rental Invoice:	
	AXA REPORTED IN RESPECTED CLAIM.	LTA/GIA:	
10.7.14	To reject TP claim	Medical Bill:	
		Approval Email: <u>50%</u>	
27/10/14	SEND RESPECT EMAIL TO TP.	Payment Breakdown Form:	
	TO CLOSE CASE.	Others:	
	NO SETTLEMENT.		
10/11/14	RE-OPEN. AXA AGREE ON 20/00.		
	SEND 1ST OFFER TO TP. <u>Half</u> <u>Vic</u>		
	TP ACCEPTED OFFER. <u>Approved by: Vic</u>		
28/03/15	ALL DOCS IN ORDER.		
	TO CLOSE.		

FINAL SETTLEMENT	Date: <u>26/06/15</u>	Confirm with: <u>LOS GOK</u>	Format Type: <u>GETTOD</u>
Repair Cost: <u>\$ 910.00 SS</u>	<u>460.00</u>	Final Liability: <u>50</u> % (Agreed / Assessed)	BOLA S/N No.: <u>NIL</u>
Loss of Rental: <u>\$ 101.25 SS</u>	<u>700.03</u>	(3 days) <u>X 233.75</u>	IF NO or B 28, Ass. Lia: <u></u>
Loss of Use: <u>\$ 150.00 SS</u>	<u>90.00</u>	(5.00 x 3 days)	
Disbursement: <u>\$ 5.00 SS</u>	<u>5.00</u>		
Total: <u>\$ 1,506.25 SS</u>	<u>766.63</u>	Global Sum: <u>SS 760.00</u>	

"\$750.00 - SMRT TAXIS P15 L20"