15/5/2010

INS. CASE OWNER: Cynthia | CC 4 ~~AXA~~ 1800 5179 / Ukbb | LKK: IDAC:

ASSIGNMENT

Surveyor: MARCUS DOI: 25/04/18 VIRTUAL Date / Time : 20/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : YN 9408D Claim No. : S8M00B3M | 35669

Name of Insured : LEGEND MOTORS LEASING PTE Policy No. : P1847906.

Insured Tel No. : HP: Make / Model : MITSUBISHI

Excess Sec II :S$ D.O.A : 17/3/18 Place of Accident : PIE THRU BK KPE TELP

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

If NO. Driver Name / Age : RAMAN S/O E S LAKSHMANAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SFB 5880C →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: progressive	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
7/7/18 VC	SFB 5880C - Y YN 9408D - Y * small claim.
21/05/18	- PLS REQUIRED. CONFLICTING VERSIONS. BOTH REPORTED CUT CAME. SEND LETTER TO OI TO NOTIFY TP CLAIM. - SMALL LIABILITY UNCLEAR.
4/4	- "virtual case" "do not finalise with tp."
	VIRTUAL CASE
22/05/19	- AXA INSTRUCTED TO REBOOT TP CLAIM
07/06/19	- EMAIL TO TP TO REBOOT CLAIM. - TO CLOSE & SUBMIT REPORT

Reject Case
By (staff) : VIC
Approved by :
Date : 10-06-19

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:	21/05/18 - VIC

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: 07/05/18 Sent By: RS

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: S$ (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability: % (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: S$ —

Loss of Rental (LOR): S$ — (days) REBOOT TP CLAIM

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$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $350.00

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:	—