

15/5/2010

INS. CASE OWNER:

Cynthia

CC 4 RM AXA 1800

5179, Ubb

LKK:

IDAC:

Surveyor:

MARCO

DOI:

ASSIGNMENT

25/04/18

VIRTUAL

Date / Time :

20/3/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

V/N 94080

Name of Insured :

LEGEND MOTORS LEASING P/L

Insured Tel No. :

HP:

Claim No. :

S8M00B3M / 35669

Policy No. :

P1847906

Make / Model :

MITSUBISHI

Place of Accident :

PIT TNAS B4 FPE TEL

Excess Sec II :S\$

D.O.A. :

15/3/18

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : KAVAN S/O E S KARAMEGHAN

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

Driver Tel No. :

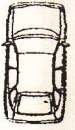
(V/L: YES / NO)

Insured Liability :

%

Final ? Yes / No

SEB 5880C



INSRS:

WSP:

Tel :

Liability :

RMKS:

progressive



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

21/3/18

VIC

21/03/18

SEB 5880C - X

V/N 94080 - X

* small claim

MUR FOLLOWING. CONFIRMING NOTATIONS.
BOTH REPORTED CUT CLAIM. SEND LETTER
TO OI TO NOTIFY TP CLAIM.

BULK LIABILITY UNCLEAR.

4/4 - "virtual case" "do not finalise with tp."

VIRTUAL CASE

21/05/19
02/06/19

AXA INSTRUCTED TO REPORT TP CLAIM
BULK TO TP TO REPORT CLAIM.
TO CLOSE & EVENT REPORT

Reject Case	
By (staff) :	VIC
Approved by :	Yur
Date :	18-06-19

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: 21/03/18 - 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: 02/05/18

Sent By: KS

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. :

N/L

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

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\$

Legal Cost

S\$

(e.g. Tow/ Independent)

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4350.00

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: