

15/5/2019

INS. CASE OWNER:

Priya

CC 4, 11 1800 1781

K33 9

LKK:

IDAC:

INSURANCE

Kenneth

DOI:

ASSIGNMENT

20/3/18

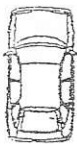
Date / Time:

20/3/18

Registered in Merimen:

20/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 40858

Name of Insured:

CPL

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

16/3/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Simon Lim Mary Han

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

MCI 18030496

MCM0015

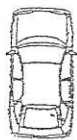
H-140

AYB 7 ATY

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

Insured Liability: % Final ? Yes / No

SEJ 811 L



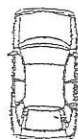
INSRS:

WSP:

Tel:

Liability:

RMKS:

OPTIMA
werks

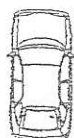
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

23/2

SEJ 811 L - N/A (101800508) / Y : 10A 16/01/2018

STAGE

DATE / PIC

20/3

SHB 40858 - C41/AXA 6020659/1126352 : 10A 16/3/18

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:

28/03/2018

FILES REVIEWED. CASE OF OJD rear-ended TP. LIABILITY is down against insured. Seek liability mandate via merimen

20/9/18

file pass to typist type report

8/11/18

mandate approve via merimen

RECEIVED 21 NOV 2018

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with Sharon.

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. : 27

If NO or B 28, Ass. Lia:

Repair Cost:

SS

Loss of Rental (LOR):

SS

(7 days) X 192.60

Loss of Use (LOU):

SS

(\$ x days)

Loss of Income (LOI):

SS

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

Global Sum SS: 12800.00

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Optima Werkz Pte Ltd

Payee 2: (Strike PENA)

SS

Name 2:

Payee 3: (Strike PENA)

SS

Name 3:

COPY SENT