15/5/2010

INS. CASE OWNER: vale | CC4/ASM/~~AXA~~1800 5576, A 1163 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN DOI: 26/03/18 Date / Time : 27/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SDR 5010X

Name of Insured : AMIR S/O SHEFUDDIN

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 23/3/18

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

If **NO**, Driver Name / Age : MAMA AMIR

Driver Tel No. : (V/L: YES / NO)

Claim No. : 18M00BRO | 36509

Policy No. : VPR | P1920937

Make / Model : TOYOTA

Place of Accident : MOUNTBATTEN RD | AMBER RD bnd

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

Insured Liability : % **Final ? Yes / No**

SLJ7600C → → →

INSRS:
WSP: eVW Sen
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
27/3/18 VC	SLJ7600C ~~X~~ SDR5010X ~~X~~ * Shortclaim. - OI GOT VIDEO
02/04/18	- PIC REQUESTED. CONFLICTING VERSIONS. EMAIL LIABILITY UNCLEAR.
@ 10:49AM	- SPOKE TO OI. OW WAS THE WIFE. OI CONFIRMED ACCIDENT U TP WAS FROM SLIP ROAD U DIDN'T STOP. HE GOT VIDEO FOOTAGE U WILL FORWARD COPY TO US. SEND EMAIL TO OI. - OI VIDEO IN. V DRIVE | VIC | SDR 5010X - TP FROM SLIP ROAD. - FORWARD OI VIDEO TO AXA BY ACCELUCON.
03/04/18	- EMAIL AXA FOR REJECTION APPROVAL.
04/04/18	- AXA APPROVED REJECTION. - SEND EMAIL REJECT TO TP. - TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	03/04/18
After call ltr to OI:	VIC - OK - EMAIL

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: Sent By: Reject Case By (staff) : VIC Approved by : 18/04-18

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: NIL S$ 5,100.00 (5 days) Reduction: 41 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)	"NO SETTLEMENT" REJECT 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$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		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:	—