15/5/2010

INS. CASE OWNER: Stacey | CC 4, ASM 1800 6223, Aha3 | LKK: 38121
IDAC:

ASSIGNMENT

Surveyor: ADRIAN   DOI: 3-4-18   Date / Time : 3-4-18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : XE 319 X		Claim No. :	S8M00CR6
Name of Insured : VEOLIA ES SG P/L		Policy No. :	P158[illegible]
Insured Tel No. :	HP:	Make / Model :	Volvo
Excess Sec II :S$ 5,000.00	D.O.A : 3/4/18	Place of Accident :	Steven close.
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : MATRINAS BIN SAIFUDDIN		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. : 83693912	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SLA 212H → → →

INSRS: WSP: LC Auto Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
9/4 rec.	SLA 212H / XE319X } NA/MSG18000692/ h4 ; DOB-3/4/18	
9/4	Proceed HS.	
09/04/18 @ 2:14PM	CALL OI OFFICE. NO RESPONSE. FILE REVIEWED. O/D REVERSED & HIT PARKED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.	
	- EMAIL LIABILITY CLEAR.	
	- FINALISED.	
	- TP LOD IN BY EMAIL	
06/06/18	- SEEK MANDATE TO AXA BY AGM.	
	- TYPE REPORT.	
01/07/18	- AXA APPROVED MANDATE. RECEIVED 0 6 JUN 2018	
10/07/18	- SEND 1ST OFFER TO TP.	
	- TP ACCEPTED OFFER.	
27/08/18	- ALL DOCS IN ORDER. TO CLOSE.	

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:	09/04/18 - 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:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LG	S$ 7,500.00 (6 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/07/18	Confirm with CHRIS	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : COW REVERSED)
Repair Cost:	S$ 7,500.00		
Loss of Rental (LOR):	S$ 600.00 (6 days) X $100.00		
Loss of Use (LOU):	S$ — ($ 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: $350.00
Total:	**S$** 8,100.00	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 8,100.00	Name 1: LC AUTOMOTIVE	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	