

15/5/2010

INS. CASE OWNER:

Lynthuan

CC 4 / AXA 1800

6688, A^hmb3

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

11/4/18

Date / Time:

11/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. X:

SLK 6594m

Name of Insured:

THE OBAYN CENTRE P/L

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A:

9/4/18

Is driver the owner?

(YES ☒ NO)

Nature of Accident:

If NO, Driver Name / Age: WONG KUN KWONG KENNETH

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

S8M00077 39177

Policy No.:

VPA [P1118110]

Make / Model:

MERCEDES

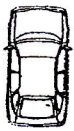
Place of Accident:

TUN B. TIMAH & UEMENI RD

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

Insured Liability: % Final? Yes / No

GX 969AR



INSRS:

WSP:

Tel:

Liability:

RMKS:

W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

9/6/18

Berkan

GX 969AR - P

SLK 6594m - P

of smart claim

- TP LOD IN BY EMAIL

28/6/18

C10:55AM

- FILE REQUESTED. OLD REPAIR - ENDED TP.
 - CAR OLD. NO RESPONSE. SEND LETTER &
 EMAIL TO OI TO NOTIFY TP CLAIM.
 - SEND IA MANDATE TO AXA

27/6/18

- AXA APPROVED MANDATE
 - SEND ACCEPTANCE EMAIL TO TP
 - BY IN. ALL DOCS IN ORDER
 - TO CLOSE.

28/6/18

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:

28/6/18 - UC

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: 28/6/18

Sent By: W

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: W

S\$ 3,200.00

(5 days)

Reduction: 74

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOJA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 3,200.00

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

S\$

700.00

100 x 7

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\$

3,900.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,900.00

Name 1:

LC AUTOMOTIVE

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-