

INS CASE OWNER:

SUNORZI

C03/III 150 10420

khazn 2-1

kl ya 3xx

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kalvin

DOI:

moblis

Date / Time:

22/06/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 2483R

Claim No.:

MLT15060794

Name of Insured:

GPL

Policy No.:

meom0016

Insured Tel No.:

HP:

Make / Model:

Hyndai Sonata

Excess Sec II :SS

D.O.A:

19-6-15

Place of Accident:

In front of No. 1 Bei Tong Ham

Is driver the owner? ( YES / NO )

Nature of Accident:

If NO, Driver Name / Age: HEE KEN KONG Jimmy

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

Driver Tel No.:

(V/L: YES / NO Insured Liability:

% Final? Yes / No

SHD 66u



INRS: WSP: Trans-Cab  
Tel:  
Liability:  
RMKS:



INRS: WSP:  
Tel:  
Liability:  
RMKS:



INRS: WSP:  
Tel:  
Liability:  
RMKS:



INRS: WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	FOR CSO ONLY:	STAGE	DATE / PIC
24/06/15	Is driver the owner? (YES / NO)	Finalisation:	
24/06/15	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: SHD 66u - C03/AXA/15060794/262626, DOA: 30-04-13	Apt letter to OI:	
	SHC 2483R - X	Call OI:	me
	PENDING CCU FROM TP TO PROVE HE IS NOT REVERSING	After call ltr to OI:	
	NO NEED TO CALL OI/OI	Type Report:	
	NO NEED TO SEND LETTER TO OI	Prepare Invoice:	
24/06/15	FILE REVIEWED. OI REPORTED HE REVERSED TP ALSO REVERSED.	Others:	
	TP REPORTED HE WAS EXITING WHEN OI REPORTED.	Documentation Check List:	Handler Typist
	BULK LIABILITY HANDLES TO III.	OI Apt Ltr:	<input type="checkbox"/>
	BULK FROM II LIABILITY @ 50%.	Authorisation To Act:	<input checked="" type="checkbox"/>
	OFFER @ 50% TO TP HERE.	Release Voucher:	<input checked="" type="checkbox"/>
	TO OFFER TP	Final Repair Bill:	<input checked="" type="checkbox"/>
	MANORTE APPROVED.	Car Rental Invoice:	<input checked="" type="checkbox"/>
19/06/15	SEND 1st OFFER TO TP @ 50%.	LTA / GIA:	<input type="checkbox"/>
25/05/15	TP ACCEPTED OFFER.	Medical Bill:	<input type="checkbox"/>
	TO Submit w/ report, make than six months, no further development.	Approval Email: MANORTE	<input checked="" type="checkbox"/>
01/06/15	RECEIVED BY W. K. A.	Payment Breakdown Form:	<input type="checkbox"/>
	ALL BOSS IN ORDER.	Others:	<input type="checkbox"/>
	TO CLOSE.		

FINAL SETTLEMENT	Date: 24/05/15	Confirm with: SKRUBAT
Repair Cost: \$ 1,926.00 SS	926.00	Final Liability: 50% (Agreed / Assessed)
Loss of Rental: \$ 513.60 SS	256.80 ( 4 days ) X \$ 128.40	BOLA S/N No.: NIL
Loss of Use: - SS	- (\$ x days)	If NO or B 28, Ass. Lia:
Disbursement: -	-	1) Claim status: Normal/Reject/Private Settle
Legal Cost: - SS	-	2) Report Format:
Total: \$ 2,439.60 SS	1,219.80	3) Survey fee: \$ 350 / (PHD) + \$ 180.00
	Global Sum: SS 1,210.00	

\$1,210.00 - TRANS-CAB AUTO SERVICES PTE LTD