

INS. CASE OWNER:

Stacy

CC 4 / ASM1800 7320, Aha3

LKK:

40798

IDAC:

ASSIGNMENT

Surveyor:

Amman

DOI:

19/4/18

Date / Time:

19/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJA1992Y

Claim No.:

Name of Insured:

SHINDER KAW

Policy No.:

GAA91682

Insured Tel No.:

HP:

Make / Model:

H. Advance.

Excess Sec II :SS

D.O.A.:

14/4/18

Place of Accident:

KAW RES DRIVE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

DEBETA 0/0 motto 15MAY

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

Driver Tel No.:

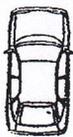
97594979

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SDP 1833A



INSRS:

WSP:

Tel:

Liability:

RMKS:

zen auto



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

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:

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:

SDP 1833A - 2
SJA1992Y JAWAN 1800 7320/24 ; WA 14/4/18

POSSIBLE 2 TP CLAIMS AGAINST OI
Spoke to OI (Ms Shinder Kaw) at 9618 2403. Confirmed accident statement. Informed her about the TP claim and HCD issue. She mention about carpark gantry malfunction issue. explain to her we cant bring in HDB in this claim, she agreed and aware about the HCD issue. letter to OI -

PINKURBB.
CAN DO ELO
EMAIL CHURTY CLAR.
TP LOD IN BY EMAIL
TYPE REPORT FOR MANDATE APPROVAL
SEND IA/MANDATE TO AXA BY SUPERCLAIMS
AXA APPROVED MANDATE.
SEND 1ST OFFER TO TP.
TP ACCEPTED OFFER.
ALL DOCS IN ORDER.

3/5/2018 10.10am pekkin

18/07/18

20/07/18

28/08/18

17/09/18

27/09/18

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$ 12,627.60

(9 days) Reduction: 64 %

Email Call

FINAL SETTLEMENT

Date/Time: 27/09/18

Confirm with: CHIKS

Email Call

Final Liability:

% 100%

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

If NO or B 28, Ass. Lia :

Repair Cost: (w/ GST)

S\$ 13,511.53

COLD HCD PARTS TO LOSS CONTROL

Loss of Rental (LOR):

S\$ -

(days)

Loss of Use (LOU):

S\$ 540.00

(\$ 9 x 60 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\$ 14,051.53

Global Sum S\$: 14,050.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1:

S\$ 14,050.00

Name 1:

ZEN WERKZ LLP

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-