

INS. CASE OWNER:

CC 6 / AIG1800 8619, A pa3

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

31/5/18

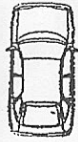
Date / Time:

21/5/18

Registered in Merimen:

10/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKU8231G

Name of Insured:

Yow Tham Poh

Insured Tel No.:

HP:

91930922

Excess Sec II :S\$

D.O.A.:

31/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

MAZDA 3

Place of Accident:

PIE

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

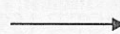
SKU8231G



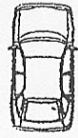
SHR 866R



MMH9682



SKK 80892



INSRS:

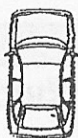
WSP:

Tel:

Liability:

RMKS:

A16



INSRS:

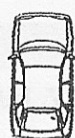
WSP:

Tel:

Liability:

RMKS:

AXA



INSRS:

WSP:

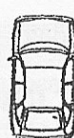
Tel:

Liability:

RMKS:

MH1

7p



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

15/5
CHK.MMH9682 - CCA AIG1800 8619 (A pa3) : MAZDA 3
SKU8231G - X

10-09-20

✓

* TO cancel Rep.
* Survey done under AXA Assign.

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

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\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

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: