15/5/2010

INS CASH OWNER: VO | CC4 / ASM 1800 8733, 403 | LKK: IDAC: 44699

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: 11.05.2018

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLR 5677K "VIRTUAL"

Name of Insured : ACE DRIVE P/L

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 8/5/2018

Is driver the owner? (YES / (NO))

If **NO**, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : S8M00 6hm

Policy No. : VFX | P186195Z

Make / Model : T. Harrier

Place of Accident : Newton Circus

Nature of Accident : _____

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

Insured Liability : % **Final ? Yes / No**

SKH 8779L → _____ → _____ → _____

INSRS:
WSP: nova
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKH8779L. X; SLR 5677K. X
23/8	to cancel case. no survey done.
21-05-19	TO CANCEL NO SURVEY DONE.
	4

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)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$		2) Report Format:
Total:	S$	**Global Sum S$:**	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

Service Request Details

Claim
S8M00GGM

Reference
None

Loss Date
May 8, 2018

Request Date
May 11, 2018

11052018 @ 1259pm
Nithu with Nitin

Due Date
May 18, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

Actions

Next Step
Agree to perform service

Decline Work | Accept Work

Vehicle Information

Incident Vehicle Registration #
SKH8779L

Make
TPVD VOLKSWAGEN

Menu

Service Address

, , ,

Primary Contact/Insured

ACE DRIVE PTE LTD
50 UBI AVENUE 3, #01-01/02 FRONTIER, 408866, Singapore
98166672

Claim Handler

OH Vale
6568804897
vale.oh@axa.com.sg

Additional Instructions

Messages | Invoices | History | Documents | Assessment | Metrics | Notes

New Message