

INS. CASE OWNER:

CC 4 / ASM 1800

9321

S 223

LKK:

IDAC:

46725

Surveyor:

ywf

DOI:

ASSIGNMENT

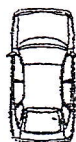
21/5/18

Date / Time:

21/05/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFm 3389U

Name of Insured:

Ang Eng Chuan

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

17/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Yong Ren, 38

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

S8m 004P8

Policy No.:

P1691568

Make / Model:

C. Orlando 1.4 (A)

Place of Accident:

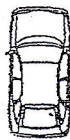
P16 New Lor nie Rd

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

Insured Liability: %

Final ? Yes / No

SUP 5075U



INSRS:

WSP:

Tel:

Liability:

RMKS:

Auto Insure



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

6/6

TH

SUP 5075U - X; SFM 3389U - X

To request Adv.

OI rear-ended to TP. Send letter to OI inform TP claim and NCD issue.

MINAURED

TP LOD IN.

09/11/18

AXA APPROVED MINAURED.

SEND ACCEPTANCE LETTER TO TP

11/11/18

APPROVED DI. ALL DONE IN ORDER. TO CLOSE.

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:

> 21/11/18

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

(EMAIL)

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:

23/8

Sent By:

Hm

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L16

\$S 1,400.00

(3 days)

Reduction:

84 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

21/12/18

Confirm with:

SKM

Email ☐ Call ☐

Final Liability:

%

100

(Agreed)

Assessed) BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost: (w/LOD)

\$S 1,904.60

(LOD 1000 - 50000 TP)

Loss of Rental (LOR):

\$S 284.00

(4 days)

x 71.00

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

31.00

Medical:

\$S -

Disbursement:

\$S -

(e.g. Tow/ Independent)

Legal Cost

\$S -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$380.00

Total:

\$S 2,219.60

Global Sum \$S: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S 2,219.60

Name 1:

AUTO INSURE P16 LTD

Payee 2: (Strike if N.A.)

\$S -

Name 2:

Payee 3: (Strike if N.A.)

\$S -

Name 3: