

INS. CASE OWNER:

CC 4/Asm 1800

IDAC:

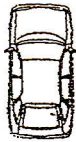
Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

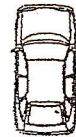
Place of Accident:

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

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

6/6
vic

SLU 457 x; SJZ 3403 X - X
- P. Mr.
- MINORITY
- TP LOD IN BY BUNIL

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:

25/07/18
2:00PM

- spoke to OI. HE CONFIRMED ACCIDENT
HAPPENED IN HIS PARKED TP. INFORMED HIM
OF TP CLAIM, AGREED TO SETTLE & AVOID
ANY ISSUES. SEND LETTER TO OI.

25/07/18
28/08/18
01/09/18
10/09/18
24/01/19

- TYPE REPORT FOR WARRANT
- seek WARRANT APPROVAL TO AXA
- AXA APPROVED WARRANT
- SEND 1st OFFER TO TP
- TP ACCEPTED OFFER
- ALL DONE IN ORDER.
- TO CROSS.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

3,280.00

(4 days)

Reduction:

39 %

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$

3,177.50

(OI HIR SUNDOWN TP)

Loss of Rental (LOR):

S\$

720.00

(4 days)

x 4180

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\$

7.15

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

4,204.95

Global Sum S\$:

4,200.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

4,200.00

Name 1:

COMPLETE VHS PPS LOD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3: