15/5/2010

INS. CASE OWNER: KC | CC4 / AXA 180 10441, ✓ ha3/2 | LKK: IDAC:

ASSIGNMENT

Surveyor: SATHYA DOI: 05/07/18 Date / Time: 7/6/18

Registered in Merimen: 6/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD9706Y	Claim No. :	C0473848
Name of Insured :	TRANS-CAB SERVICES P/L	Policy No. :	P1680520
Insured Tel No. :	HP:	Make / Model :	C-EPICA - 2.0(A)
Excess Sec II :S$	D.O.A : 30-5-18	Place of Accident :	Simbawang Rd
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age :	CHUA KIM YEOW	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	969125 28 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SKC2594T → → →

INSRS: WSP: kah motor Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
8/6 uc	SKC2594T - CS/RB11/3023203/Uttdl; DOA 7/12/13
	SHD9706Y - CC3/LER18901456/KWb3 ; DOA 22/1/18
11/06/18	- FILE REVIEWED. O/D REAR-ENDED TP. SEND EMAIL TO OI TO NOTIFY TP CLAIM W NCD ISSUES.
	- EMAIL LIABILITY CLEAR
	- TO FINALISE.
	- FINALISED.
	- TP LOD IN BY EMAIL
28/11/18	- TYPE REPORT FOR MANDATE APPROVAL
	- REPORT DONE
22/11/18	- SEEK MANDATE APPROVAL TO AXA
21/12/18	- AXA APPROVED MANDATE.
21/01/19	- SEND ACCEPTANCE EMAIL TO TP.
13/02/19	- RECEIVED DOCS. ALL 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:	11/06/18 - UC
After call ltr to OI:	EMAIL ONLY

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: 05/07/18 Sent By: QB

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 6,552.19 (7 days)	Reduction: 4A %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/01/19	Confirm with DESMOND	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 7,010.84		CO6 REAR-ENDED TP)
Loss of Rental (LOR):	S$ 960.00	(12 days) X $80.00	
Loss of Use (LOU):	S$ —	($ x days)	AXA AUTHORISED RETAINER
Loss of Income (LOI):	S$ —	($ x days)	TO SIGN DV
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: $350.00
Total:	S$ 7,970.84	**Global Sum S$:** —	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 7,970.84	Name 1:	KAH MOTOR CO. SDN. BHD.
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—