15/5/2010

INS. CASE OWNER: KL | CC 4, Acm 180 11059, 4 9/2a3 | LKK: IDAC: 51733

ASSIGNMENT

Surveyor: marcus DOI: 19/7/2018 Date / Time : 14-06-18.

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. :	FBM 4132J	Claim No. :	S8MV00KQQ
Name of Insured :	MR RIDHWAN BIN BAKER	Policy No. :	
Insured Tel No. :	HP: 8235632	Make / Model :	Leebuild Lexmotor
Excess Sec II :S$	D.O.A : 7/6/18	Place of Accident :	PIE > Tuas
Is driver the owner? (YES / NO)		Nature of Accident :	
If NO, Driver Name / Age :		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SJW 7936P → → →

INSRS: WSP: Tamrun Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
7/6 Adm	SJW 7936P - X : FBM 4132J - X
19/6	OTPR. Sent out first letter.
20/6	OI reported. OI injured & is making counter claim against TP.
	FILE REVIEW: LIABILITY UNCLEAR. / CONFLICTING VERSION.
4.7.18	EMAIL WSP TO REQUEST FOR PIR AND STATEMENT.
24/3 -	Email LOI (Pending counter claim status).
7/4 -	OI successfully counter claim against TP. OI PIR & DV in. Rejection email TP. Inform AXA of rejection.
19/4 -	Admin to close on 20/04/2020 (WFH)

Reject Case
By (staff): cecilia
Approved by: [signature]
Date: 02/04/20

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CPL
After call ltr to OI:	24/3/2020

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: OI	✓	
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: 46 S$ 2100.00 (3 days) Reduction: 1796.22 % 46 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 0 (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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: Reject
Legal Cost	S$	3) Survey fee: $350/-
Total:	**S$ 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: