

15/5/2010

INS. CASE OWNER:

CC 4/AXA1801

LKK:

IDAC:

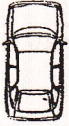
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$\$

Is driver the owner? (YES / NO)

If NO, Driver Name / Age :

Driver Tel No. :

HP:

D.O.A :

Nature of Accident :

Claim No. :

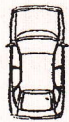
Policy No. :

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:



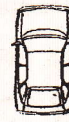
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

21/6/18
VICSL5215E - X
CAN DO BY

SL5215E - X

J summary claim.

02/07/18 @
2:15PM

SPONSOR TO OI. SHE CONFIRMED
ACCIDENT DETAILS & REPAIR-ONLY TO
TP. INFORMED TP CLAIM REPORTED
TO SURETY & AWARD NCB ISSUED.
OI SAID SHE GOT NCB PROTECTOR.
SEND LETTER & BULK TO OI.
BULK LIABILITY CLEAR.

27/09/18

TP VIDEO IN. V DRIVE VIC SL5215E
PROTECTOR IS IN SURETY CLAIMING.
PINKUARD.

28/09/18

AXA ACCEPTED 1A. ORIGINAL TP LOO IN.

26/12/18

SEND ACCEPTANCE BULK TO TP.

05/04/19

ORIG. BY IN. ALL DOCS IN ORDER.

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:

27/09/18

Sent By:

VIC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

R/P

Date/Time:

2.151.00

Reduction:

56

%

Email

Call

FINAL SETTLEMENT

Date/Time:

28/09/19

Confirm with:

LARRY

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No. :

27

Repair Cost:

C/1550

Date/Time:

2.301.57

Loss of Rental (LOR):

\$\$

-

(days)

Loss of Use (LOU):

\$\$

300.00

x 5

(days)

Loss of Income (LOI):

\$\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

\$\$

-

Medical:

\$\$

-

Disbursement:

\$\$

-

(e.g. Tow / Independent)

Legal Cost

\$\$

-

Total:

\$\$

2.601.57

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$\$

2.601.57

Name 1:

CYCLE & CARRIAGE K4 PTE LTD

Payee 2: (Strike if N.A.)

\$\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$\$

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00