745/5/2010	al	CC 4, ASM 180	11911,	Pas IDAC: 54414
INS. CASE OWNER:		ASSIGNM		2016
Sulveyor:		DOI:		Pate / Time Registered in Merimen:
Pre-assign / CCU /	SURU	080T	Claim No.	Semoom18
Insured Vehicle No.	Lee CHEE	Woi	Policy No.	
Name of Insured		HP: 979797		
Insured Tel No.  Excess Sec II :SS		D.O.A: 77 H18	Make / Model Place of Acciden	I'm WENBINA BABO
Is driver the owner?	(YESTNO) 1	Nature of Accident :		
II NO, Driver Name / Age .			OI GIA REPOR' Insured Liability	T: YES/NO; TP GIA REPORT: YES / NO  ': % Final? Yes / No
567297	4m			
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability RMKS:		INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time				
N) 6/4	(10 29) Um X	(UR 2080)	X	STAGE DATE / PIC Non-Reporting ltr (1st):
VI. CKI	8011101			Non-Reporting ltr (180):
24/6	Blub. Ent any	It Letter.		Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:
912118 -	FIMORI TO AXA	: Regust OI GIA		After call ltr to OI:
111/10	1241.0.1	709 (0.6.4)		Documentation Check List: Handler Typist
9/2/14 -	OIGIAV.			Notification ltr (if non-pickup)
10 - 110	TO GLICAT WALL	otrain France March	and a neal	After call ltr to OI:  Authorisation To Act:
47/11	thouser witholrow from moral angaged			Release Voucher:
8/8/18 -	To Cancel / close fite no survey due			Final Repair Bill:
0/0// 6		NO SURVEY DONE		Car Rental Invoice:
8818 -	10 CANCEL PIZE,	100 000 12 J 2011 C		LTA / GIA :
4				Medical Bill:
10410		-0: 1al 1 -ll-	10-0-1	PIR:
13/8/18 -	Freguss to M	ei Chanti (life)	I concel.	Mandate/Reject Instruction:
L. V.			LOD Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:
				Others:
FINALIZATION	Date/Time:	Confirm with:		Confirm by:
Repair Cost:	S\$ (	days) Reduction:	%	Email Call Call
FINAL SETTLEMENT	Date/Time:	Confirm with		Email Call If NO or B 28, Ass. Lia:
Final Liability:	% (Agreed /	Assessed) BOLA S/N No.:		II INO 01 D 20, A35. LIB.
Repair Cost: Loss of Rental (LOR):	S\$ (	days)		Cancel Clist
Loss of Use (LOU):	S\$ (\$ x	days)		
Loss of Income (LOI):	S\$ (\$ x	days)		
LOR only LOU only	LOR + LOU LO	OR + LOI [Tick only one	2]	
GIA/LTA Search	S\$			1) Cl. 1 Address No. 1/D alread/Definite Catalon
Medical:	S\$	,	4.)	Claim status: Normal/Reject/Private Settle     Report Format:
Disbursement:	S\$	(e.g. Tow/ Independent	nt)	2) Report Format: 3) Survey fee:
Legal Cost	S\$	Clobal Sum SS.		J. Burrey 100.
Total:	S\$	Global Sum S\$: Confirm with:		Email Call
FINAL PAYMENT	Date/Time:			Limit Comments
Payee 1:	S\$	Name 1:		
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3 (Strike if N.A.)	S\$	Name 3:	MARKET STREET, ST.	POST OF THE PROPERTY OF THE PARTY AND THE PA





e-Services (/content/policehubhome/homepage.html)

Log in ♣

# Status of Driving Licence

## **Qualified Driving Licence**

**Qualified Driving Licence Number** 

S7918462D

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3

**Expiry Date** 

Valid for life unless revoked, suspended or disqualified

#### **Provisional Driving Licence**

**Provisional Driving Licence Number** 

S7918462D

Status of Provisional Driving Licence

No Licence

Classias) of Provisional Driving Licence

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LKK AUTO CONSULTANTS PTE LTD (TP) \*



# **S8M00MI8**

Type

Question

### Message

Hi, we were informed by third party repairer that third party claimant had withdraw the claim from Mova, do repair at another workshop and engaged a lawyer to handle the case. In view of this, we will proceed to close our file. No bill to AXA as no survey done by LKK. Thank you. Hsiao Tong - 08 Aug 2018