

INS. CASE OWNER:

Ernst

CC 4 / ~~AX~~A1801

мф46, 4463

LKK:	
IDAC:	

Surveyor:

Maths

DOI:

ASSIGNMENT

09/07/18

Date / Time :

217.8

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

560 52417

Name of Insured

FULLAS IS MATL BLW

Insured Tel No.

HP:

Excess Sec II :\$\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident :

If **NO**, Driver Name / Age :

Claim No. _____

58m00NOT | 56137

Policy No.

Make / Model :

Place of Accident :

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

Insured Liability :	%	Final ? Yes / No
1. General Liability		
2. Professional Liability		
3. Directors and Officers Liability		
4. Employment Practices Liability		
5. Cyber Liability		
6. Umbrella Liability		
7. Other		

56m 68255



INSRS:
WSP:
Tel :
Liability
RMKS:

pin
channel



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE/ PIC
10/7/18 VIC	* gaurd claim. - OHR, SENT OUT 1ST LETTER.	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
2/10/18	- FINALISED - TP LOD IN CORIGANKU)	Documentation Check List: Handler Typist	
09/10/18	- NO OI GIA REPORT IN YET. - SEND IA/MEMOIRS TO AXA BY EMAILING.	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:	☐ ☒ ☒ ☒ ☒ ☐ ☐ ☒ ☐ ☐ ☒ ☐ ☐
10/10/18 @ 5:30PM	- OI GHA REPORT IN. - CALL OI. NO RESPONSE. TUE RETURNED OI REQUESTING OUR PHOW C/P LOT. SEND LETTER TO OI.		
10/01/19 @ 5:00PM	- SPEAK TO OI. CONFIRMED ACCIDENT DETAIL. INFORMED TP CLAIM. AGREED TO SETTLE. AMOUNT NCD BONUS. - SEND ACCEPTANCE BULK TO TP.		
PRELIMINARY ADVICE	Date/Time: 2/10/18 Sent By: VIC	Post-Repair Photos: Others:	☐ ☐
FINALIZATION	Date/Time: Confirm with:	Confirm by:	
Repair Cost: L/G \$5	\$5 1,100.00 (2 days) Reduction: 30 %	Email ☐ Call ☐	
FINAL SETTLEMENT	Date/Time: 20/11/19 Confirm with N/A/OI	Email ☒ Call ☐	
Final Liability: %	100 (Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :	
Repair Cost: (w/gsr) \$5	1,177.00	COI Requested out)	
Loss of Rental (LOR): \$5	() days)		
Loss of Use (LOU): \$5	120.00 x 3 days)		
Loss of Income (LOI): \$5	(\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LO ☐ [Tick only one]		
GIA/LTA Search \$5	2.06		
Medical: \$5	-		
Disbursement: \$5	- (e.g. Tow/ Independent)		
Legal Cost \$5	-		
Total: \$5	1,359.00 Global Sum \$5: -		
FINAL PAYMENT	Date/Time: Confirm with:	Email ☐ Call ☐	
Payee 1: \$5	1,359.00 Name 1: KIM CHWEE AUTO PTE LTD		
Payee 2: (Strike if N.A.) \$5	- Name 2: -		
Payee 3: (Strike if N.A.) \$5	- Name 3: -		