

15/5/2010

INS. CASE OWNER:

vale | CC 4 / AXA1801 2968, hbb

LKK:
IDAC:

ASSIGNMENT

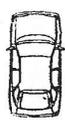
Surveyor: _____ DOI: _____ Date / Time: 21/3/18
Registered in Merimen: 21/3/18

Pre-assign / CCU / FTE



Insured Vehicle No. : 5110 1712
Name of Insured : TRAVEL SERVICES P/L
Insured Tel No. : _____ HP: _____
Excess Sec II : \$5000 D.O.A. : 26/3/18
Is driver the owner? (YES / NO) Nature of Accident :
If NO, Driver Name / Age : LEE KAY RONG
Driver Tel No. : _____ (V/L: YES / NO)

Claim No. : 10679162
Policy No. : VPK1169052
Make / Model : RENAULT
Place of Accident : LEE TRAVEL
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : % Final ? Yes / No



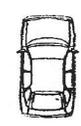
INSRS:
WSP: ckc
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
28/3/18	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI:	
02/04/18	After call ltr to OI: Documentation Check List: Handler Typist	02/04/18 - vic
13/02/19	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:	
13-12-19	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: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____
Repair Cost: \$S _____ (_____ days) Reduction: _____ % Email Call

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

Final Liability: % (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 + LO [Tick only one]

GIA/LTA Search: \$S _____
Medical: \$S _____
Disbursement: \$S _____ (e.g. Tow/ Independent)
Legal Cost: \$S _____

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: _____

CANCELLED. TP INACTIVITY
NO SURVEY DONE
AXA WILL HANDLE SETTLEMENT.