INS. CASE OWNER: _Vale_ CC 4 /AXA1801 3968 , 463 LKK: __ IDAC: __

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : _21/7/18_

Registered in Merimen: _21/7/18._

Pre-assign / CCU / FTE

Insured Vehicle No. : _SHO 1717_ Claim No. : _L0679162_

Name of Insured : _TRANS-LAB SERVICES PTE_ Policy No. : _VPX/P16905W_

Insured Tel No. : __ HP: __ Make / Model : _RENAULT_

Excess Sec II :S$ _$5000_ D.O.A : _26/7/18_ Place of Accident : _LTE TRANS PTE_

Is driver the owner? (YES / NO) Nature of Accident : __

If NO, Driver Name / Age : _LEE KAY KIONG._ OI GIA REPORT: YES / NO TP GIA REPORT: YES / NO

Driver Tel No. : __ (V/L: YES / NO) Insured Liability : __ % **Final ? Yes / No**

SLS 2012 →   →   →   →

	INSRS:		INSRS:		INSRS:		INSRS:
WSP: _CKC_	WSP:		WSP:		WSP:		WSP:
Tel :	Tel :		Tel :		Tel :		Tel :
Liability :	Liability :		Liability :		Liability :		Liability :
RMKS:	RMKS:		RMKS:		RMKS:		RMKS:

Date/ Time		STAGE	DATE / PIC
_21/18_	_SLS2012 - X_ _SHO1717 Z-T_	Non-Reporting ltr (1st):	
	CAN DO B/S	Non-Reporting ltr (2nd):	
VIC		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
_03/08/18_	_FILE REQUIRED. CONFLICTING VERSIONS._	Call OI:	
	CUTTING LANE.	After call ltr to OI:	_03/08/18 - VIC_
	SEND EMAIL TO OI TO NOTIFY TP	Documentation Check List: Handler Typist	
	CLAIM.	Notification ltr (if non-pickup)	☐ ☐
	EMAIL LIABILITY UNCLEAR	After call ltr to OI	☐ ☐
		Authorisation To Act:	☐ ☐
_13/02/19_	_TP INACTIVITY. EMAIL TO AXA TO_	Release Voucher:	☐ ☐
	CANCEL CASE. NO SURVEY DONE.	Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
_23/10/18_	_AXA RECEIVED TP LOD. WILL HANDLE_	Towing Invoice:	☐ ☐
	DIRECTLY.	LTA / GIA :	☐ ☐
_13-02-19_	_TO CANCEL. NO SURVEY DONE._	Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		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 ☐

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)	_CANCELLED. TP INACTIVITY_
Loss of Income (LOI):	S$ —	($ x days)	_NO SURVEY DONE_
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			_AXA WILL HANDLE SETTLEMENT._
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee:
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:	~