15/5/2010

INS. CASE OWNER: JAS | CC / ~~AXA~~ ASM 1801 4847 / hhh | LKK: IDAC:

ASSIGNMENT

DOI: ______ Date / Time : 15/8/18

Surveyor: ______ Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SLV 4026E — Claim No. : S8M00S3N | 63603

Name of Insured : MO TING WAI CHRISTINE — Policy No. :

Insured Tel No. : ______ HP: 98588326 — Make / Model : BMW

Excess Sec II :S$ — D.O.A : 18/7/18 — Place of Accident : WARINGIN PARK

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

If NO, Driver Name / Age : — OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SJF 8713A →

INSRS: UAC
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SJF 8713A - X SLV 4026E - X	Non-Reporting ltr (1st):	
16/8/18 VIC		Non-Reporting ltr (2nd):	
	* Smartclaim.	Non-Reporting ltr (Final):	
30/08/18 @ 11:24AM	- SPOKE TO OI. SHE CONFIRMED ACCIDENT DETAILS. OI SAID THAT SHE DID NOT EVEN CROSS THE STOP LINE & TP JUST SWERVED TO HER LANE WHILE TURNING. SHE WILL FORWARD VIDEO BY WHATSAPP. INFORMED HER TP CLAIM.	Notification ltr (if non-pickup):	
	- OI VIDEO FOOTAGE IN.	Call OI:	30/08/18 - VIC
	√ DRIVE / VIC / SLV 4026E	After call ltr to OI:	
	- UPLOADED IN SMART CLAIMS		
	- AXA AGREED TO REJECT CLAIM.		
31/08/18	- EMAIL TO TP TO REJECT CLAIM		
	- NO SURVEY		
03-9-18	- CANCEL CASE. } YY		

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: — Sent By: — Confirm by: Email ☐ Call ☐

FINALIZATION Date/Time: — Confirm with: — Email ☐ Call ☐

Repair Cost: S$ (days) Reduction: %

FINAL SETTLEMENT Date/Time: — Confirm with — If NO or B 28, Ass. Lia :

Final Liability:	% (Agreed / Assessed) BOLA S/N No. :	
Repair Cost:	S$ —	CANCELLED NO SURVEY
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]		1) Claim status: Normal/Reject/Private Settle
GIA/LTA Search	S$ —	2) Report Format:
Medical:	S$ — (e.g. Tow/ Independent)	3) Survey fee:
Disbursement:	S$ —	
Legal Cost	S$ —	
Total:	**S$** — **Global Sum S$:**	Email ☐ Call ☐

FINAL PAYMENT Date/Time: — Confirm with:

Payee 1:	S$ —	Name 1: —
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: