15/5/2010

INS. CASE OWNER: Lunthia | CC 6 AGM /~~AXA~~A1801 5202, T1 4b | LKK: IDAC:

ASSIGNMENT

Surveyor: _____ DOI: 21/08/2018 Date / Time : 21/8/18

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : GBD 470G Claim No. : 88M00591 / 67756

Name of Insured : CORROSION PROOF CONSTRUCTION (ASIA) PTE Policy No. : UPTIOKZB11

Insured Tel No. : _____ HP: _____ Make / Model : Toyota

Excess Sec II :S$ 2,000.00 D.O.A : 16/8/18 Place of Accident : NORTH COAST AVE

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

If **NO**, Driver Name / Age : CHAI CHIW FOOK @ FRANCIS CHAI OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SLA 6563E → _____ → _____ → _____

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

SE Automobile

Date/ Time	
	SLA 6563E - X GBD 470G - X
21/8/18	
	A Gmail Claim.
04/03/2020	- FILE REVIEWED. - TP WAS REVERSING TO PARK. OID DRONE STRAIGHT.
	- POTENTIAL REJECT CLAIM
	- TP LOD IN BY EMAIL
09/03/2020	- UPLOAD MANDATE 1A. PROPOSE TO REJECT TP CLAIM
20/03/2020	- AXA APPROVED REJECTION
23/03/2020	- SEND REJECTION TO TP.
	- TO CLOSE CASE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

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:		

Reject Case
By (staff) : VIC
Approved by : Sent By:
Date : 23/03/20

Reject Case
Approved by : (staff) :
Date :

PRELIMINARY ADVICE Date/Time:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 4,800.00 (4 days) Reduction: 90 % Email ☐ Call ☐

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

Final Liability:	% 0	(Agreed / Assessed) BOLA S/N No. : 24
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$** —	**Global Sum S$:**

If NO or B 28, Ass. Lia : TP REVERSED TO PARK, REJECT CASE NO SETTLEMENT

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $350.00

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:	—