15/5/2010

INS. CASE OWNER: NO | CC 4, Asm 180 16015, fa3 | LKK: IDAC: 66903

ASSIGNMENT

Surveyor: DOI: Date / Time: 3/9/2018

Pre-assign / CCU / FTE Registered in Merimen: –

Insured Vehicle No. :	SLD 932 Y	Claim No. :	S8M007YZ
Name of Insured :	CHIA CHUAN HENG	Policy No. :	VPA/P2120798
Insured Tel No. :	HP: 94564945	Make / Model :	T. ALTIS.
Excess Sec II :S$	D.O.A : 31/8/2018	Place of Accident :	PIE > OTHANAL
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SLB 62T → SLD 932Y → SJL 5330H →

INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP: Wah Hong.	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS: OI	RMKS: TP	RMKS:

Date/ Time	
	SJL5330H. X ;
	SLD932Y. (S3(AXA180186964(624d3 ; DOA 31/8/18
*	total loss. TP repairer informed they didn't repair of vehicle. The life span for TP vehicle only left a few month from DOA.
21/05/19 –	To cancel case. No survey done.

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:		

PRELIMINARY ADVICE Date/Time: Sent By:

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)	
Loss of Income (LOI):	S$	($ x days)	

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search	S$		
Medical:	S$		
Disbursement:	S$		1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$	(e.g. Tow/ Independent)	2) Report Format:
Total:	S$	Global Sum S$:	3) Survey fee:

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:

invalid ▾ Menu

Service Request Details

Claim
S8M00TYZ

Reference
None

Loss Date
31 August 2018

Request Date
3 September 2018

03/9/2018 @ 1055am
Michael veh mtn

Due Date
10 September 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

Actions

Next Step
Agree to perform service

Decline Work | Accept Work

Vehicle Information

Incident Vehicle Registration #
SJL5330H

Make
TPVD HONDA

Model
FIT 1.3 G F-PA

Service Address

...

Primary Contact/Insured

CHUA CHUAN HENG
BLK 813 JURONG WEST STREET 81, #04-176, 640813, Singapore
94564945

Claim Handler

OH Vale
6568804897
vale.oh@axa.com.sg

Additional Instructions

Messages | Invoices | History | Documents | Assessment | Metrics | Notes

New Message

TYPE	
SENT	3/9/18 10:36 AM
FROM	OH Vale
SUBJECT	**You may proceed on DS but to get mandates on quantum-VO**
BODY	