

15/5/2010

INS. CASE OWNER:

Richard

CC Y/AXA1801

6454 hbh

LKK:  
IDAC:

ASSIGNMENT

Surveyor:

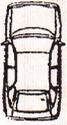
DOI:

Date / Time :

10/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YN 7705J

Claim No. :

88000006 / 68521

Name of Insured :

WEE'S TRANSPORT & SERVICES

Policy No. :

VIA / P1606241

Insured Tel No. :

HP:

Make / Model :

mitsubishi

Excess Sec II :\$\$

D.O.A :

Place of Accident :

MELBOURNE

Is driver the owner? ( YES / (NO) )

( YES / (NO) )

Nature of Accident :

If NO, Driver Name / Age :

HARRY LI 70M

OI GIA REPORT: YES / NO :

TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

966 90710



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

WEE



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time		STAGE	DATE/ PIC
11/1/18	966 90710 - x	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
11/01/18 @ 2:10PM	CALL OI - NO RESPONSE. FILE REWORKED. OI ALSO REPORTED THAT TP CHANGED CAR. TP GOT VIDEO FOOTAGE. BOTH CHANGED CAR. UPLOADED IN SUBOTCLAIMS.		
18/03/19	AXA WRITING. TP INACTIVITY. CANCEL CASE SINCE NO SURVEY.		
19-3-19	TO CANCEL FILE NO SURVEY DONE.		

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$\$ ( 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: \$\$ -

Loss of Rental (LOR): \$\$ - ( days)

Loss of Use (LOU): \$\$ - (\$ x days)

Loss of Income (LOI): \$\$ - (\$ x days)

LOR only  LOU only  LOR + LOU  LOR + LO  [Tick only one]

GIA/LTA Search: \$\$ -

Medical: \$\$ -

Disbursement: \$\$ - (e.g. Tow/ Independent )

Legal Cost: \$\$ -

Total: \$\$ - Global Sum \$\$:

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$\$ - Name 1: -

Payee 2: (Strike if N.A.) \$\$ - Name 2: -

Payee 3: (Strike if N.A.) \$\$ - Name 3: -

TP INACTIVITY CANCELLED CASE NO SURVEY