15/5/2010

INS. CASE OWNER: KC | CC 4 /AXA1801 6624 / R1 6639/2 | LKK: IDAC:

ASSIGNMENT

Surveyor: KASUL DOI: 18/09/18 Date / Time: 17/9/18

Registered in Merimen: 17/9/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 2850.	Claim No. :	1047479 .
Name of Insured :	TRANS-CAB SERVICES P/L	Policy No. :	1P6 / V16806520.
Insured Tel No. :	HP:	Make / Model :	RENAULT
Excess Sec II :S$	$5000 D.O.A : 8/9/18'	Place of Accident :	457 BKT BATOK WEST AVE 6
Is driver the owner?	(YES / NO) Nature of Accident :		DROP OFF POINT.
If NO, Driver Name / Age :	FANG THIAM ENG.	OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	Final ? Yes / No

SLZ 4441K →

INSRS: WSP: kah motor Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SLZ 4441K - X SHD 2850 - ✓	Non-Reporting ltr (1st):	
17/9/18 VIC		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
17/9/18	- OI reversed & hit TP	After call ltr to OI:	17/09/18 - HT-EMAIL
17/9/18	- Email to TP: DS	**Documentation Check List:**	Handler / Typist
	- FINALISED.	Notification ltr (if non-pickup)	
	- TP LOD IN BY EMAIL	After call ltr to OI: EMAIL	✓
27/09/18	- LT UPLOADED IN MERIMEN	Authorisation To Act:	✓
23/10/18	- TPE REPORT FOR MANDATE APPROVAL.	Release Voucher:	✓
	- REPORT DONE	Final Repair Bill:	✓
16/11/18	- SEEK MANDATE APPROVAL TO AXA	Car Rental Invoice:	
20/11/18	- AXA APPROVED MANDATE	Towing Invoice	
21/11/18	- SEND ACCEPTANCE EMAIL TO TP.	LTA / GIA :	
14/01/19	- RECEIVED DV. ALL DOCS IN ORDER	Medical Bill:	
	- TO CLOSE.	PIR:	
		Mandate/Reject Instruction:	✓
		LOD	✓
		Payment Breakdown Form:	
PRELIMINARY ADVICE	Date/Time: 27/09/18 Sent By: VIC	Post-Repair Photos:	✓
		Others:	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	S$ 1,919.37 (3 days)	Reduction: 58 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/01/19	Confirm with DESMOND	Email ✓ Call ☐
Final Liability:	% (N) (Agreed / Assessed)	BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 2,053.72		AXA AUTHORISED W/S TO SIGN DV
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 180.00 (S$ 60 x 3 days)		
Loss of Income (LOI):	S$ — (S$ x days)		
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
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: $350.00
Total:	S$ 2,233.72	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 2,233.72	Name 1: KAH MOTOR CO. SDN. BHD.	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	