

INS CASE OWNER:

1CL

CC

4, ASM

150

19488, G HVA3

LKK:

IDAC:

77528

Surveyor:

XGQ

DOI:

ASSIGNMENT

07/11/18

Date / Time:

24/10/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKL 316 X

Name of Insured:

Claim No.:

684010DW

Insured Tel No.:

Policy No.:

Excess Sec II : \$S

HP:

Make / Model:

Is driver the owner?

(YES / NO)

D.O.A.:

24/10/18

Place 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

56V 1236 G



INSRS:

WSP:

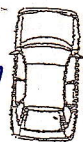
Tel:

Liability:

RMKS:

Motor

Goldenvantage



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

24/10/18

56V 1236 G - 116/11/12 2017 (M27g/w); 004

SKL 316 X - X

07/11/18 @ 2:10PM

spoke to CI. She confirmed
accident photos & rate-ender TP.
Informing TP claim, agreed to settle
in 4 weeks and 15000. send letter
in bulk to CI.

BULK LIABILITY CLERK
TP VIDEO FOOTAGE UPLOAD BY AXA IN OC.
MINUTED
ORIGINAL TP LOD IN

11/12/18
08/02/19
12/02/19
12/03/19

UPLOAD WANDER 4 IN OC
AXA APPROVED WANDER
SEND 1ST OFFER TO TP.
TP ACCEPTED OFFER.
ALL DOCS IN ORDER TO CLOSE.

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:

Repair Cost:

L19

\$S 3,500.00

4

days

Reduction:

44

%

Confirm by:

FINAL SETTLEMENT

Date/Time:

Confirm with

Final Liability:

100

%

(Agreed / Assessed)

WANDY

Email

Call

Repair Cost: (W1600)

\$S 3,500.00

BOLA S/N No.:

24

If NO or B 28, Ass. Lia:

Loss of Rental (LOR):

\$S

(days)

Loss of Use (LOU):

\$S 240.00

\$ GO

x 4

days

Loss of Income (LOI):

\$S

(\$

x 4

days

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$S 7.45

Medical:

\$S

Disbursement:

\$S

Legal Cost

\$S

(e.g. Tow / Independent)

Total:

\$S 3,747.45

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

\$S 3,747.45

Email

Call

Payee 2: (Strike if N.A.)

\$S

Name 1:

MOTOR EDGEVANTAGE PTE LTD

Payee 3: (Strike if N.A.)

\$S

Name 2:

Name 3:

Email

Call

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00