

INS. CASE OWNER:

CABOK LBS WAI

003 / LCR 180 20253 / NHA3

LKK:

PAC:

Surveyor:

Nar

DOI:

ASSIGNMENT

1-11-18

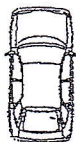
Date / Time:

1-11-18

Registered in Merimen:

8-11-18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLK 8735K

Claim No.:

3522284275G

Name of Insured:

LUPF AL

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

27/10/18

Place of Accident:

Grange Rd

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

SMB 102 A



INSRS:

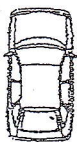
WSP:

Tel:

Liability:

RMKS:

EMP. M



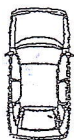
INSRS:

WSP:

Tel:

Liability:

RMKS:



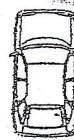
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SMB102A - CE3/AXA 14007709 / KVL6392, DOA: 27/10/18
SLK8735K, X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

24 23-11-18

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI: EMAIL

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:

OIP CHANGED LANE - ?

TP REQ VIDEO IF ANY.

- MINUTED

- TP LOD IN BY EMAIL

- TP VIDEO M. UPLOADED IN WORKMAN

- PLUS REVIEWED - OIP REPORTED HE MINUTED
LEAVE. EMAIL SENT TO OI TO NOTIFY TP CLAIM

- AIG CONFIRMED NO VIDEO FOOTAGE

- SEND ACCEPTANCE EMAIL TO TP.

- RECEIVED PV.

- ALL EXCS IN ORDER.

- TO CLOSE.

17/11/18
08/08/19
14/08/19

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: LG

S\$ 1,450.00 (2 days) Reduction: 18 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: NIL

If NO or B 28, Ass. Lia:

Repair Cost:

S\$ 1,450.00

OIP CHANGED LANE

Loss of Rental (LOR):

S\$ - (days)

TP VIDEO IN

Loss of Use (LOU):

S\$ 550.00 (\$275 x 2 days)

Loss of Income (LOI):

S\$ - (\$ x days)

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

GIA/LTA Search

S\$ 7.06

Medical:

S\$ -

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$ -

2) Report Format:

Legal Cost

S\$ -

3) Survey fee:

\$320.00

Total:

S\$ 2,007.00

Global Sum S\$: -

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 2,007.00

Name 1:

SMRT BUSSES LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

Payee 3: (Strike if N.A.)

S\$ -

Name 3: