15/5/2010

INS. CASE OWNER: Peter | CC 4 ~~/AXA~~1802 ASM 0881 / p67 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 19/11/18

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. : SMD 4282B

Name of Insured : NG CHOON HAI

Insured Tel No. : ______ HP: ______

Excess Sec II :S$ ______ D.O.A : 9/11/18

Is driver the owner? (YES / NO)

Nature of Accident :

If **NO**. Driver Name / Age : NG SHAO ZHEE JEROME

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

Claim No. : S8M00067 / 8458

Policy No. : LNV009904

Make / Model : HYUNDAI

Place of Accident : PIE

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

Insured Liability : % **Final ? Yes / No**

SKK 8433T → ______ → ______ → ______

INSRS: WSP: Tel : Liability : RMKS: Merimen

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
21/11/18	SKK8433T-4 SMD4282T-4
LKT	
	~~Argument claim~~
18/11/18	— AXA instruction: Reject tp claim
22/11/18	— Final f-up: Reject
3/12/18	— FTC pass to Shu Pei for close/Cancel. — No survey done.

Reject Case
By (staff) : HSIAO Tong
Approved by : [illegible]
Date : 22-11-18

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)		Cancel.
Loss of Use (LOU):	S$ (S x days)		
Loss of Income (LOI):	S$ (S x days)		
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[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:
Total:	**S$**	**Global Sum S$:**	
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:	