

INS. CASE OWNER:

CL

CC

4 / Asm

180

22326 / Aha3

LKK:

IDAC:

87177

ASSIGNMENT

Surveyor:

Wsp

DOI:

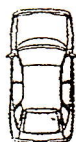
10/12/18

Date / Time:

11/12/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHE 510SM

Name of Insured:

Trans-Lab Svs Ph

Insured Tel No.:

5,000-00

HP:

D.O.A:

21/12/18

Claim No.:

58 MOIS X 6

Policy No.:

Make / Model:

Place of Accident:

PTE

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

very large Long 1/1 van

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



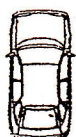
INSRS:

WSP:

Tel:

Liability:

RMKS:



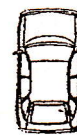
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

11/12/18

SKZ 16m - X;

SHE 510SM - 07/11/18 1345 7/1663; DOA: 25/12/18

FINACRED

10/10/19

FILE REVIEWED. CONFIRMING VERSIONS. CUTTING CANE. SEND EMAIL TO OI TO NOTIFY TP CLAIM IN X8. TO GET GUIDANCE IF ANY AS WELL.

EMAIL LIABILITY UNCLEAR

UPLOAD IT IN GC.

ORIGINAL TP LOB.

31/01/19

GIVE WARRANT APPROVAL TO AXA BY GC.

22/02/19

AXA APPROVED WARRANT @ 50%.

16/04/19

SEND 1ST OFFER TO TP.

23/04/19

TP ACCEPTED OFFER. PV IN.

ALL DOCS IN OFFER.

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:

10/10/19 - vic

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:

10/10/19

Sent By:

vic

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

LIS

S\$ 6,000.00

(5 days)

Reduction:

71

%

Email

Call

FINAL SETTLEMENT

Date/Time:

22/04/19

Confirm with:

SUTOL

Email

Call

Final Liability:

%

50

(Agreed / Assessed) BOLA S/N No.:

NL

If NO or B 28, Ass. Lia:

Repair Cost:

6,000.00

S\$ 3,000.00

CONFIRMING VERSION

Loss of Rental (LOR):

S\$

-

(days)

Loss of Use (LOU):

600

S\$

200.00

x 6 days)

Loss of Income (LOI):

S\$

-

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

7.15

S\$

7.15

Medical:

S\$

-

1) Claim status: Normal/Reject/Private Settle

Disbursement:

S\$

-

(e.g. Tow/ Independent)

2) Report Format:

Legal Cost

S\$

-

3) Survey fee:

4350.00

Total:

6,007.15

S\$

3,307.15

Global Sum S\$:

3,300.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,300.00

Name 1:

SM AUTOMOTIVE

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-