15/5/2010

INS. CASE OWNER: KC | CC3 / AXA 14020947 / kho302-1 | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 06/11/14 Date / Time : 06/11/14

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : GJW 7199A Claim No. :

Name of Insured : Policy No. : P1305555

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 04/11/14 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 5035G → → →

INSRS:
WSP: TRANS-CAD
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	- RE-OPEN CASE
	- ORIGINAL TP LOD IN
22/11/19	- SEEK MANDATE APPROVAL TO AXA
04/02/2020	- AXA APPROVED MANDATE.
	- SEND 1ST OFFER TO TP.
	- TP REJECTED CLAIM. SEND VIDEO.
	- VIDEO FORWARDED TO AXA. RESEEK MANDATE
	- AXA APPROVED MANDATE @ 100%
21/02/2020	- SEND ACCEPTANCE EMAIL TO TP
	- OI IN. 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: Confirm by:

Repair Cost: P/P S$ 1,103.33 (1.5 days) Reduction: 81 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 21/02/2020 Confirm with WAH YIN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 1,180.56	(OI REJECTED) TP VIDEO IN
Loss of Rental (LOR):	S$ 401.25 (3 days) X $133.75	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	S$ 6.00	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $100.00
Total:	S$ 1,587.81 **Global Sum S$:** —	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,587.81	Name 1:	TRANS-CAD AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—