

15/5/2010

INS. CASE OWNER:

Richard

CC 4 ASM
AXA19000450, A9 22^{SE}

LKK:

IDAC:

Surveyor:

Adrian

DOI:

ASSIGNMENT

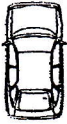
11/1/19

Date / Time:

8/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 9043P

Name of Insured:

TEAM-UB SERVICES P/L

Insured Tel No.:

HP:

11/1/18

Excess Sec II :\$S

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: KIAN HAN LK15W

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

S9M0180C / 97064

Policy No.:

VPR / 01680510

Make / Model:

RENAULT

Place of Accident:

WONG TOWN HALL CROSS

BATTERY LANE

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

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

WZ
SPRAY

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

10/1/19
JYS9M0180C / 97064
SHB 9043P
3 no / 11/1/19 00:00:00 / WZ OUT: 11/1/19

A9M0180C / 97064

6-5-19
27/1/19
13/8MANDATE 1A - UPLOADED
offer G1S \$20,000 as instructed by AXA.
(Pending acceptance)
- settle @ G1S \$20K, DV send (Pending DV in)
- DV in (File pass Admin 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:

JY 6-5-19

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 17,500.00

(24 days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. : 5

If NO or B 28, Ass. Lia :

Repair Cost:

\$S

17,500.00

Loss of Rental (LOR):

\$S

(days)

Loss of Use (LOU):

\$S

2560 x 32 days

Loss of Income (LOI):

\$S

(\$ x days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

\$S

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

Total:

\$S

20,060.00

Global Sum \$S:

20,000

(AXA instruction)

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

\$S

20,000

Name 1:

WZ spray painting the ltr

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

COPY SENT
15/8/19VIDEO - GREEN FOR
IF WC WAS INV.
STRAIGHT. OI
TURNING.

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: