15/5/2019

INS. CASE OWNER: | CC 4 / ~~AXA~~ AGM 1900 0579 / P K67 | LKK: IDAC:

ASSIGNMENT

Surveyor: ______ DOI: ______ Date / Time : 9/1/19.

Registered in Merimen: ______

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHB 9522X	Claim No. :	S9M019W/ 9X011
Name of Insured :	TRANS-LAB SERVICES P/L	Policy No. :	VPX/P16815710.
Insured Tel No. :	HP:	Make / Model :	CHEVROLET.
Excess Sec II :S$	4500 D.O.A : 8/1/19.	Place of Accident :	BRAS BASAH RD.
Is driver the owner?	(YES / NO) (circled: NO)	Nature of Accident :	
If **NO**, Driver Name / Age :	CHONG WEI CHIEW.	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO (circled: YES, YES)	
Driver Tel No. :	(V/L: YES / NO) (circled: YES)	Insured Liability : %	**Final ? Yes / No**

SLW 2324G. ⟶ ______ ⟶ ______ ⟶ ______

INSRS: CKC WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLW 2324G – X
15/1/19	SHB9522X – U71/9118014701 (Exp. on .10/8/18)
V/L	
	& amend claim.
	– TP VIDEO FOOTAGE NO. V/V10/SLW 2324G
	– UPLOADED IN 9C BY AXA
17/05/19	– FILE REVIEWED. CONFLICTING VERSIONS. CUTTING CASE. SEND EMAIL TO OI TO NOTIFY TP CLAIM & REQUEST FOR VIDEO FOOTAGE.
15/07/19	– TO REJECT TP CLAIM CANCEL NO SURVEY DONE
2/8/19	– File → Start Rpt. cl / ca

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:	17/05/19 – QC	
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:	