

15/5/2010

INS. CASE OWNER:

Cynthia

CC 4 / AXA1900

1447, 11/1/19

LKK:

IDAC:

Surveyor:

VPS

DOI:

ASSIGNMENT

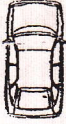
M/1/19

Date / Time :

M/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

YB 7686E

Claim No. :

Samo 1859 / 94827

Name of Insured :

YUN HONG TRANSPORT SERVICES

Policy No. :

CJ1111111111

Insured Tel No. :

HP:

Make / Model :

18/1/19

Excess Sec II :\$S

D.O.A :

18/1/19

Place of Accident :

47 JLN BUNN

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

HOW PHUM YEW

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

Driver Tel No. :

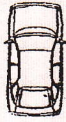
(V/L-YES / NO)

Insured Liability :

%

Final ? Yes / No

YB 7686E

INSRS:
WSP:
Tel:
Liability:
RMKS:Car
city
AutoINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

25/1/19
WTC

YB 7686E-X

25/7686E-X

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:

14/03/19 - 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:

14/03/19 e
9:30am# Grant claim
can do as
- MINOR
- TP LOD IN BY BUNNSPOKE TO OIB. HE CONFIRMED
ACCIDENT DETAILS IN CASE REPORTING
WHICH HIS TP. INFORMED TP CLAIM
AGREED TO SETTLE IN BUNN'S NEED
LEAVES. SEND LETTER IN BUNN TO
OI CO.18/03/19
16/03/19
04/03/19UPLOADED MANDATE LAIN SC.
AXA APPROVED MANDATE.
SEND ACCEPTANCE BUNN TO TP
BY IN. ALL DONE IN ORDER.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

S\$

3836.12

(3

days)

Reduction:

42

%

Email

Call

FINAL SETTLEMENT

Date/Time:

04/03/19

Confirm with

MR HO

Email

Cal

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. :

NIL

If NO or B 28, Ass. Lia :

Repair Cost:

(w/est)

S\$

4,104.65

LOW (6000000)

Loss of Rental (LOR) (w/est)

S\$

856.00

(4

days)

x \$200.00

Loss of Use (LOU):

S\$

-

(\$ x

days)

Loss of Income (LOI):

S\$

-

(\$ x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

2.00

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

S\$

4,962.65

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$

4,962.65

Name 1:

CAR CITY AUTO CENTRE PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-