

15/5/2010

INS. CASE OWNER:

CC 45M / AXA1900

LKK:

IDAC:

Surveyor:

ADRIAN

DOI:

ASSIGNMENT

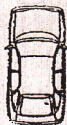
25/01/19

Date / Time :

25/1/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

PL 638E

Name of Insured :

TRANVIA P/L

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A. :

27/1/19.

Is driver the owner?

( YES / NO )

Nature of Accident :

If NO, Driver Name / Age :

CNR Norm 64yr

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

SAMOLDUR 9552

Policy No. :

FX (P183804)

Make / Model :

SUNLOW.

Place of Accident :

MOUNT TABER LP

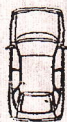
OI GIA REPORT: YES / NO :

YES / NO ; TP GIA REPORT: YES / NO

Insured Liability :

%

Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:

M4  
Solution

INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

20/1/19

4K107P-4

PL638E-4

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:

25/4/19 @ 4:50pm  
- Kharan- OI BRAKE NOT WORKING.  
- Spoke to OI (Co. rep: Ms. Wendy). She confirmed the mva. Informed OI on TP claim, agreed to settle & aware NCD will be affected.

\*Pending: LOA + VIDEO

- FINAL SET

20/4/19

- UPGRADE WARRANTY IN AC.

- BOOK INSTRUCTIONS.

06/05/19

- AXA APPROVED WARRANTY.

- TP LOB IN BY EMAIL

29/05/19

- SEND 1st OFFER TO TP.

- TP ACCEPTED OFFER.

- ALL DONE IN ORDER TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L4

SS

61,900.00

(

6

days) Reduction:

53

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

100

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

22

Repair Cost:

(w/acc)

SS

7,883.00

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

180.00

x

8

days)

Loss of Income (LOI):

SS

(

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.15

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

7,870.15

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

7,870.15

Name 1:

M4 SOLUTION PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4350.00