

15/5/2010

INS. CASE OWNER:

vele  
cks

CC Y ASM 1697, U # W  
AXA1900

LKK:  
IDAC:

Surveyor:

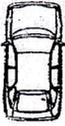
ASSIGNMENT  
DOI: 25/1/19

Date / Time : 25/1/19  
Registered in Merimen:

Pre-assign / CCU / FTE

GBB 5913Z

Claim No. : SAMU1BRV | 15440



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II : \$\$

D.O.A :

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

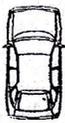
Driver Tel No. :

(V/L) YES / NO

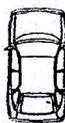
Insured Liability : %

Final ? Yes / No

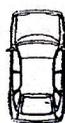
SLK 815R



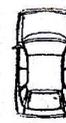
INSRS:  
WSP: Hock Wnh.  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

25/1/19  
Hock Wnh

SLK 815R - X

GBP: 5913Z - Y

STAGE	DATE / PIC
Non-Reporting ltr (1st):	28.01.19 / 20.02.19
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	04/12/19 - vic
Documentation Check List: Handler Typist	
Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
PIR:	<input type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

Agreement claim  
- OI MP, 15/1/19 via KST/LET/OK

10/05  
04/12/19

REQ TP # VIDEO (V: ASST: 2019) VIDEO SHOW OI REVERSED  
HTP, VIDEO FORWARDED TO OI.  
OI GIA Report In.  
- MP REVIEWED. OI REVERSED W HIT  
PARKED TP. SEND LETTER & EMAIL TO  
OI TO NOTIFY TP CLAIM.  
- EMAIL LIABILITY CLEAR  
- TP LOG IN BY EMAIL  
- UPLOADED MANDATE IA IN OC  
- AXA APPROVED MANDATE. SEND ACCEPTANCE

12/12/19  
23/12/19

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$\$	( days) Reduction:	% Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 23/12/19	Confirm with: DEHAN	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. :	NIL
Repair Cost: (w/acc)	\$\$ 802.50		
Loss of Rental (LOR):	\$\$ 280.00	( 2 days) \$140.00	
Loss of Use (LOU):	\$\$ -	( \$ x days)	
Loss of Income (LOI):	\$\$ -	( \$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$\$ -		
Medical:	\$\$ -		
Disbursement:	\$\$ -	(e.g. Tow/ Independent )	
Legal Cost	\$\$ -		
Total:	\$\$ 1,082.50	Global Sum \$\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$\$ 1,082.50	Name 1: HOCK WNH MOTOR WORKSHOP PTB BID	
Payee 2: (Strike if N.A.)	\$\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	\$\$ -	Name 3: -	

COID REVERSED & HIT TP  
TP VIDEO IN

1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
3) Survey fee: \$350.00