

INS. CASE OWNER:

CC 4 / ASM 1900

LKK:

IDAC:

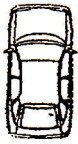
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLA 8607 A

Name of Insured : CHIA HOEK SENG

Insured Tel No. : HP:

Excess Sec II : SS D.O.A : 31/1/19

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. : (V/L: YES / NO)

Claim No. : 59M01026

Policy No. :

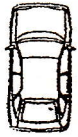
Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

SLC 8986 U



INSRS:

WSP:

Tel :

Liability :

RMKS:

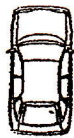
INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time		STAGE	DATE / PIC
12/12	SLC 8986 U. X ;	Non-Reporting ltr (1st):	
12/12	SLA 8607 A. CUB/AXA 1700 237/PAP6197 : DOA: 31/1/19	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
12/02/19	FILE REVIEWED. OI RATE-ENDED TP. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM & NCD ISSUES.	Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	12/02/19 - VIC
		Documentation Check List:	Handler Typist
01/04/19 @ 10:00AM	EMAIL LIABILITY CLASH	Notification ltr (if non-pickup)	☒
	WROTE TO OI. CONFIRMED ACCIDENT	After call ltr to OI:	☒
	WORKING IN RATE-ENDED TP. INFORMED TP CLAIM, REQUESTED TO SETtle IN AWARD NCD ISSUES.	Authorisation To Act:	☒
	UPLOAD IA IN EC.	Release Voucher:	☒
	MANDATED	Final Repair Bill:	☒
	TP LOB IN BY EMAIL	Car Rental Invoice:	☒
02/05/19	UPLOAD REVIEWED MANDATE IT.	Towing Invoice	☒
02/05/19	AXA APPROVED MANDATE	LTA / GIA :	☒
22/05/19	SEND ACCEPTANCE EMAIL TO TP.	Medical Bill:	☒
23/05/19	RECEIVED PV. ALL DONE IN ORDER. TO CLOSE.	PIR:	☒
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☒
		Post-Repair Photos:	☒
		Others: DO FORM	☒

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: PIP	S\$ 7,995.46 (5 days)	Reduction: 51 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 22/05/19	Confirm with: DESHONO	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/amt)	S\$ 8,555.14		(OI RATE-ENDED TP)
Loss of Rental (LOR):	S\$ - (days)		
Loss of Use (LOU):	S\$ 500.00 (\$ 100 x 5 days)		
Loss of Income (LOI):	S\$ - (\$ x days)		
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐	[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: \$350.00
Total:	S\$ 9,055.14	Global Sum S\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 9,055.14	Name 1: KAH MOTOR CO. SDN. BHD.	
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	