

15/5/2010

INS. CASE OWNER:

CC 3 AXA1900

LKK:
IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: AB AZIS BIN SHIRAT ANDREW

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability:

% Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS: 01



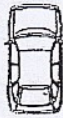
INSRS:

WSP:

Tel:

Liability:

RMKS: trans cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: Repair Sum SS 26600.00 (14 days) Reduction: 72 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability: % (Agreed / Assessed) BOLA S/N No. : 28

If NO or B 28, Ass. Lia: 100%

Repair Cost: 26750.00 (As per AXA Mandate)

(3 VEH C.C; 01 LAST)

Loss of Rental (LOR): SS 1757.97 (17 days) X 103.71

Loss of Use (LOU): SS (S x 17 days)

Loss of Income (LOI): SS 850.00 (S 50 x 17 days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]

GIA/LTA Search SS 7.45

Medical: SS

Disbursement: SS (e.g. Tow/ Independent)

Legal Cost SS

Total: SS 29365.42 Global Sum SS: 30000.00 (As per AXA Mandate)

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: \$350.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1: SS 30000.00 Name 1: Trans-cab Auto Services Pte Ltd

Payee 2: (Strike if N.A.) SS Name 2:

Payee 3: (Strike if N.A.) SS Name 3: