

INS. CASE OWNER:

CL  
TANMUKH  
CC3 AXA1400 5031

LKR:  
IDAC:

ASSIGNMENT

Surveyor:

TANMUKH

DOI:

13/03/14

Date/Time:

13/03/14

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKB 6310 A

Claim No.:

0297701

Name of Insured:

Tay Bee Hua

Policy No.:

P146242

Insured Tel No.:

HP: 91144753

Make / Model:

HONDA Accord

Excess Sec II :SS

D.O.A.: 5/3/14

Place of Accident:

Along Amic Ave 6 before Amic Ave

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

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

(V/L: YES / NO Insured Liability:

% Final? Yes / No

SP288M] → SKB 6310 A → SHB 7986D → SJU1282J → QK208R



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

01



INSRS:  
WSP: MANA-CAL  
Tel:  
Liability:  
RMKS:

70



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/Time	FOR CSO ONLY:	STAGE	DATE / PIC
21/4/14	Is driver the owner? (YES / NO)	Finalisation:	
11/06/14	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number:	Apt letter to OI:	
	Insurance Company:	Call OI:	11/06/14 - 10AM
	SHB 7986D - X; SKB 6310 A - X	After call ltr to OI:	12/6/14
	POLICE CAR (NOT VEHICLE)	Type Report:	
11/06/14 3PM	SPoke to OI. SHE CONFIRMED ACCIDENT	Prepare Invoice:	
	DETAILS 4 WAS INVOLVED IN A 3 VEH. C.C.	Others:	
	4 WAS THE 4TH VEH. 4 WAS PUSHED	Documentation Check List:	Handler Typist
	FORWARD FROM BEHND. INFORMED TP CLAIM	OI Apt Ltr:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	4 NOT INVOL.	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	EMAIL AXA IF BOLA 28 APPLIES.	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
13/06/14	EMAIL FROM AXA TO OPTOUT @ 10-20% ONLY.	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	- TP LOD IN	Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	- FINANCED.	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
21/06/14	- SEND MANDATES TO AXA BY EMAIL @ 5% RE PDR CDR.	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	- AXA APPROVED MANDATES.	Approval Email: MANDATES	<input checked="" type="checkbox"/> <input type="checkbox"/>
	- SEND 1ST OFFER TO TP.	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
14/07/14	- TP PRS LAWYER TO HANDLE	Others: LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	- EMAIL TO AXA TO CLOS OFF CDR.		
	- NO SETTLEMENT		

COPY SENT 21/6/14

FINAL SETTLEMENT	Date:	Confirm with	(S VEH. C.C. OI 4TH 3RD POLICE CAR)
Repair Cost: (WGR)	SS 21,617.00	Final Liability:	10-20% (Agreed / Assessed)
Loss of Rental:	SS 2,167.60 20 days	X 421.98	BOLA S/N No.: NIL
Loss of Use:	SS -	(\$ x days)	If NO or B 28, Ass. Lia:
Disbursement: LTA	SS -	6.00	1) Claim status: Normal/Reject/Private Settle
Legal Cost:	SS -		2) Report Format: NO SETTLEMENT
Total:	SS -		3) Survey fee: \$250 (PAID)
		Global Sum: SS	

DO WORKING