

15/5/2010

INS. CASE OWNER:

PETER

CC 4 ASM AXA1900

4949, 5815

Jbb3

LKK:

IDAC:

Surveyor:

Hwee Jie

DOI:

ASSIGNMENT

19/3/2019

Date / Time :

19/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SUN 30012

Claim No. :

Snm01HCO/104852

Name of Insured :

mh GEE KUN

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :SS

D.O.A. :

12/7/16

Place of Accident :

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SUN 5539P

INSRS:
WSP:
Tel :
Liability :
RMKS:

ELITE

INSRS:
WSP:
Tel :
Liability :
RMKS: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)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input 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 type="checkbox"/> <input type="checkbox"/>
	LOD	<input 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"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S \$S 1,850.00 (5 days) Reduction: 16.76 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with: Email ☐ Call ☐

Final Liability: % (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: \$S

Loss of Rental (LOR): \$S (days)

Loss of Use (LOU): \$S (S x days)

Loss of Income (LOI): \$S (S x days)

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

GIA/LTA Search \$S

Medical: \$S

Disbursement: \$S (e.g. Tow/ Independent)

Legal Cost \$S

Total: \$S Global Sum \$S:

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1: \$S Name 1:

Payee 2: (Strike if N.A.) \$S Name 2:

Payee 3: (Strike if N.A.) \$S Name 3:

SUBMIT WP REPORT TO AXA ,
NO DEVELOPMENT FROM TP1) Claim status: ~~Normal/Reject/Private Sec~~ WP

2) Report Format:

3) Survey fee:

\$250.00

