

15/5/2010

INS. CASE OWNER:

CC 3 ASM
/AXA1900 5475

LKK:

IDAC:

Surveyor:

FSC

ASSIGNMENT

DOI:

V6/3/19

Date / Time:

V6/3/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMC 3355L

Name of Insured:

FURN LIMEE PENH

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

N6/7/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO. Driver Name / Age:

BERNARD TANG KUM PAI

Driver Tel.No.:

(V/L: YES / NO)

Claim No.:

S9M0116/106893

Policy No.:

P2M65A2

Make / Model:

HONDA

Place of Accident:

KOUKANG KRE 8.

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

Insured Liability:

% Final ? Yes / No

SHD 443P



INSRS:

WSP:

Tel:

Liability:

RMKS:

Tans
CMB

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

ST4000P - 07/10/19 14:00:00 / 14:00:00
SMC 3355L - x

* Summary

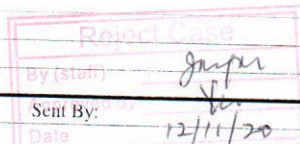
Reg AVF from either party

29/5 - Email LOI, OI & OIO no answer - Reg AVF from OIO

29/5 - OIO refuse to provide AVF. check with Stacey (AXA) if any.

12/11/2020

AXA instruct to reject



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:

Date:

12/11/20

Confirm with:

Confirm by:

Email ☐ Call ☐

FINALIZATION

Date/Time:

Repair Cost: P/P

SS 12,508.96

(7

days) Reduction:

68.64 %

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

0%

(Agreed / Assessed) BOLA S/N No.:

15

Repair Cost:

SS

Loss of Rental (LOR):

SS

(days)

Loss of Use (LOU):

SS

(S x days)

Loss of Income (LOI):

SS

(S x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

Legal Cost

SS

(e.g. Tow/ Independent)

Total:

SS

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

TP change lane.

Video in smart claim