

15/5/2010

INS. CASE OWNER:

CC AXA1900

LKK:

IDAC:

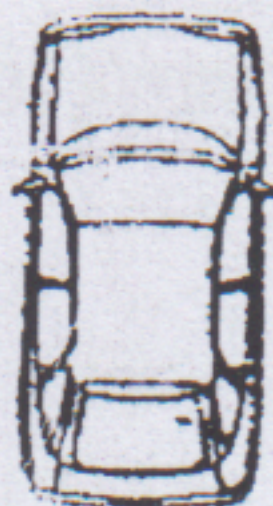
Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :S\$

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

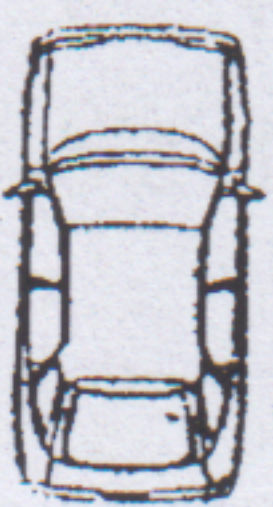
Make / Model :

Place of Accident :

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

Insured Liability : %

Final ? Yes / No



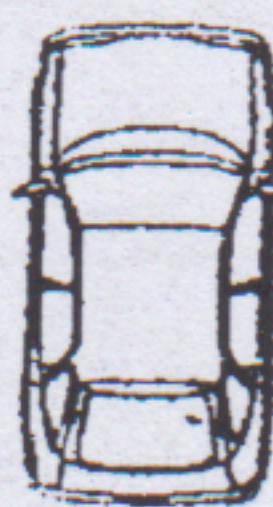
INSRS:

WSP:

Tel :

Liability :

RMKS:



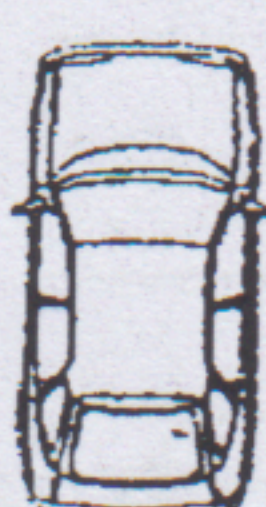
INSRS:

WSP:

Tel :

Liability :

RMKS:



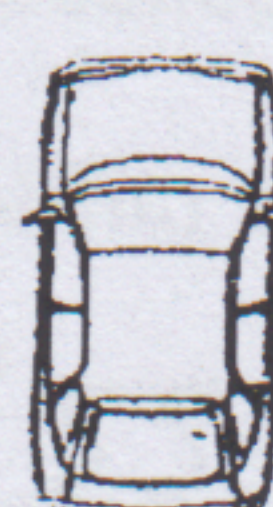
INSRS:

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)

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:

A summary claim.

3/4/19 @ 10:00am called OI, Ms Low. Confirm accident. She strongly disputed liability as the video clearly shows that TP moved off & hit OI car. Not accept 50/50. To inform AXA. Try reject.

19/6/19

Email to AXA to seek advise

dispute

12/02/2020

TYPE REPORT IN VIEW

11-05-21

Temporary closed and Pending further instruction from

PRELIMINARY ADVICE Date/Time:

Sent By:

AXA if any.

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

45

S\$

2400.00

(3

days)

Reduction:

634.36.

%

631.

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Cal

Final Liability:

%

100.

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

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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3: