

15/5/2010

INS. CASE OWNER:

Lynthia

CC4 ASM
/AXA1900

7325

A 1/63

LKK:

IDAC:

Surveyor:

Adrain

DOI:

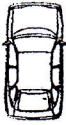
ASSIGNMENT
02/08/19

Date / Time:

25/4/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKH 833R

Name of Insured:

LAM CHEE YONG.

Insured Tel No.:

HP:

Excess Sec II :\$S

D.O.A.:

11/4/19.

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

89m02jym/ 117601

Policy No.:

GA374641

Make / Model:

PEUGEOT

Place of Accident:

BRADEN RD TWDS CTE

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

GAG 1349C



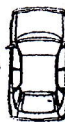
INSRS:

WSP:

Tel:

Liability:

RMKS:

Success
United

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

GAG 1349C-X

SKH 833R-X

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: 127601-1000-01

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:

27/6/19

Called OZ but OZ refuse to discuss
this matter over phone & hung up, proceed
to send letter first.
- OI scans PHOTO IN

23/6/2020

UPLOADED MANDATE IN OI.

30/01/2020

AXA APPROVED MANDATE

31/01/2020

SEND ACCEPTANCE EMAIL TO TP

DV IN. ALL GOOD IN ORDER.

TO CLOSE.

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

L6

S\$ 1,200.00

(4

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

31/01/20

Confirm with

GIRINA

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/600)

S\$ 1,200.00

Loss of Rental (LOR):

S\$

-

(

days)

Loss of Use (LOU):

S\$

320.00

(\$ 80 x 4

days)

Loss of Income (LOI):

S\$

-

(\$

x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

200

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

1,713.00

Global Sum S\$:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$300.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,713.00

Name 1:

SUCCESS UNITED PTB LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-