

15/5/2010

INS. CASE OWNER:

CC 4 / AXA1900

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time :

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II : \$\$

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
13/5	Reg AVF from TP. Liability unclear.	
22/5	TP AVF in.	
2/6	Email re in SC for instruction. with AVF uploaded.	
25-06-19	ASK 9I & TP MORE INFORMATION IN ORDER TO RESPOND TO AIG	
16/7/2019	reply AXA about our comments	
	Send letter to CI 9/50	
	OI dispute TP damages, photo in TP GIA report, it should be side mirror hit side mirror, ask TP to confirmed damages	
06-8-19	TP withdraw TP claim. TO CANCEL NO SURVEY	
PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	\$\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No. : 20
Repair Cost:	\$\$	
Loss of Rental (LOR):	\$\$	(days)
Loss of Use (LOU):	\$\$	(\$ x days)
Loss of Income (LOI):	\$\$	(\$ x days)
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐		[Tick only one]
GIA/LTA Search	\$\$	
Medical:	\$\$	
Disbursement:	\$\$	(e.g. Tow/ Independent)
Legal Cost	\$\$	
Total:	\$\$	Global Sum \$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$\$	Name 1:
Payee 2: (Strike if N.A.)	\$\$	Name 2:
Payee 3: (Strike if N.A.)	\$\$	Name 3: