

15/5/2010

INS. CASE OWNER:

Peter

CCY / AXA1900

8114

LKK:

IDAC:

Surveyor:

MJ.

DOI:

ASSIGNMENT

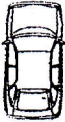
8/5/10

Date / Time:

8/5/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLS 946D

Name of Insured:

YOSHIKI MURAKAMI

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

6/5/10

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SAMOMEN / 11499

Policy No.:

Make / Model:

Place 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

SLO 6327M



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMR7.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SLO 6327M - P	Non-Reporting ltr (1st):	24/06/2019
	SLS 946D - P	Non-Reporting ltr (2nd):	
	"Insured is high-profile customer" - Peter	Non-Reporting ltr (Final):	
	Samaritan	Notification ltr (if non-pickup):	
	Call OI:	After call ltr to OI:	14/06/19 - summary view ok
	DINK, sent out by letter.	Documentation Check List: Handler	Typist
11/06	OZ GIA Report in	Notification ltr (if non-pickup)	☐
14/6/19	Called OZD to inform TP claim	After call ltr to OI:	☒
	TP LOD IN BY OZD	Authorisation To Act:	☒
	Updated insurance H IN OC	Release Voucher:	☒
	RSA APPROVED WORKER E LOI & 50/M	Final Repair Bill:	☒
	SEND 1ST OFFER TO TP.	Car Rental Invoice:	☒
	TP ACCEPTED OFFER.	Towing Invoice:	☐
	ALL WORK IN ORDER	LTA / GIA:	☒
	TO CLOSE.	Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐
PRELIMINARY ADVICE Date/Time: Sent By:			
FINALIZATION Date/Time: Confirm with: Confirm by:			
Repair Cost:	P/P	SS 1,177.83 (2 days) Reduction: 56 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 16/01/2020 Confirm with: 100000K Email ☒ Call ☐			
Final Liability:	%	100 (Agreed / Assessed) BOLA S/N No.:	77.
Repair Cost:	SS	1,177.83	(01 RATE - ENDED TP)
Loss of Rental (LOR):	SS	354.05 (3 days) x \$112.35	
Loss of Use (LOU):	SS	— (\$ x days)	
Loss of Income (LOI):	SS	150.00 \$ 50 x 3 days	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOU ☒	[Tick only one]		
GIA/LTA Search	SS	7.00	
Medical:	SS	—	1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS	— (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	SS	—	3) Survey fee: \$350.00
Total:	SS	1,671.00	Global Sum SS: 1,670.00
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐			
Payee 1:	SS	1,670.00	Name 1: SMRT TAXIS PTE LTD
Payee 2: (Strike if N.A.)	SS	—	Name 2: —
Payee 3: (Strike if N.A.)	SS	—	Name 3: —