

15/5/2010

INS. CASE OWNER:

Peter

CC 4 / AXA 1900

KSM 9482, Gwb

LKK:

IDAC:

Surveyor:

SLO

DOI:

ASSIGNMENT

29/5/19

Date / Time:

29/5/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFQ 57B.

Claim No.:

91M02048 / 118623

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

20/5/19.

Place of Accident:

Is driver the owner?

( YES / NO )

Nature 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

91N 3033T



INSRS:

WSP:

Tel:

Liability:

RMKS:

meng  
Whil

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
	91H0077-X	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)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA:	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
08/11/2021	NO FURTHER DEVELOPMENT. AXA INSTRUCT TO SUBMIT WP. ADMIN TO CLOSE		
	check item: \$4920 (red: \$9,430.00 / 41%)		

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:
<b>FINALIZATION</b>		Date/Time:	Confirm with:
Repair Cost: P/P	S\$ \$8,570.00	( 8 days) Reduction:	\$14,350.00 % 63
<b>FINAL SETTLEMENT</b>		Date/Time:	Confirm with:
Final Liability:	% 50	(Agreed / Assessed) BOLA S/N No.:	19
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	( days)	
Loss of Use (LOU):	S\$	( \$ x days)	
Loss of Income (LOI):	S\$	( \$ x days)	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/> [Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent )	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:	
Payee 2: (Strike if N.A.)	S\$	Name 2:	
Payee 3: (Strike if N.A.)	S\$	Name 3:	

