

15/5/2010

INS. CASE OWNER:

kitty. | CC 4^{ASM} AXA1900 10062/A 5/6/19

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Admin.

DOI:

Date / Time :

5/6/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SEK 477X

Name of Insured :

KHOO Raymond SHAN HONG.

Insured Tel No. :

HP:

Excess Sec II :S\$

D.O.A :

26/4/19.

Is driver the owner?

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age : ADEUNA HOE SHAN KHIM.

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

SAMOZPX 8 / 10352

Policy No. :

GA10967M1

Make / Model :

LEXUS.

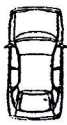
Place of Accident :

JLN BENARAN KAPAL APIER
CAMP PICT NO 2

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

Insured Liability : % Final ? Yes / No

EP182X

INSRS:
WSP: success
Tel: united
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	EP182X - X		
	SEP 477X - X		
	14/6/19 - Liability unclear send TP. Reg. AVE.	Non-Reporting ltr (1st):	
	17/6/19 - TP AVE in however AVE unable to pay of source thru & happen not at merging lane.	Non-Reporting ltr (2nd):	
	27/7/19 - call oi & oid no answer. send LOI.	Non-Reporting ltr (Final):	
	oi return call. Inform TP claim & NCD issue.	Notification ltr (if non-pickup):	
	Agreed to settle @ best.	Call OI:	7 CPL
	Inform TP on 50/50 settlement on 17/6/19.	After call ltr to OI:	7/27/19
		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:	☐
12/11/2020	TP REPAIRER INFORM THAT THEIR CLIENT DID NOT REPAIR THE VEHICLE. SUBMIT WP. ADMIN TO CLOSE		

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	P/P	S\$ 250.00	(2 days) Reduction: 330.00 % 57
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	% 50	(Agreed / Assessed)	BOLA S/N No. : 18
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 ☐	LOU only ☐	LOR + LOU ☐	LOR + LO ☐ [Tick only one]
GIA/LTA Search	S\$		
Medical:	S\$		
Disbursement:	S\$	(e.g. Tow/ Independent)	
Legal Cost	S\$		
Total:	S\$	Global Sum S\$:	
FINAL PAYMENT		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:	