

INS. CASE OWNER:

CL

CC 4, Asm 190 10448, K2003

LKK:

IDAC:

121173

Surveyor:

KSL

DOI:

ASSIGNMENT

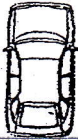
13/6/19

Date / Time:

12/6/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKV 7201 U

Claim No.:

59m01261

Name of Insured:

Ong Swee Cheng Indy

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

8/6/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

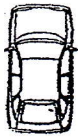
Driver Tel No.:

(V/L YES / NO)

Insured Liability: %

Final ? Yes / No

SOS84K



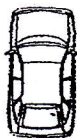
INSRS:

WSP:

Tel:

Liability:

RMKS:

Esteem
pml

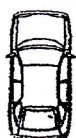
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SOS84K. X;

SKV 7201 U. CC4/AXA 16004318 / 11/20/2019;
DOI: 11/3/16

24/6/19

Called OZ & OZP several times but
no answer, sent letter first.

TP LOD IN BY EMAIL

11/02/2020

UPLOADED MANDATE 4 IN OC

12/02/2020

AXA APPROVED MANDATE
SEND 1ST OFFER TO TP

13/02/2020

TP ACCEPTED OFFER.
ALL DOCS IN ORDER.
TO CLOSE.

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:

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

F/P

S\$ 1,344.91

(2

days)

Reduction:

70

%

Email

Call

FINAL SETTLEMENT

Date/Time:

13/02/2020

Confirm with:

CARLOS

Email

Call

Final Liability:

% 100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost: (w/loss)

S\$ 1,439.05

(OI REPAIR - ENDED TP)

Loss of Rental (LOR):

S\$ -

(

days)

Loss of Use (LOU):

S\$ 180.00

(\$ 60 x 3

days)

Loss of Income (LOI):

S\$ -

(\$ x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$ 7.45

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/Independent)

Legal Cost

S\$ -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$360.00

Total:

S\$ 1,626.50

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$ 1,626.50

Name 1:

ESTHEM PERFORMANCE PTG LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-