15/5/2010

INS. CASE OWNER: KC | CC ASM /AXA1901 0570, pb3 | LKK: IDAC:

Surveyor:

ASSIGNMENT

DOI:

Date / Time : 14/6/19.

Pre-assign / CCU / FTE

Registered in Merimen:

Insured Vehicle No. : SLE 1556M.

Name of Insured : TNG MMG KWANG MELVIN.

Claim No. : S9M07QN3 | 121572.

Insured Tel No. :

Policy No. :

Excess Sec II :S$

HP:

Make / Model :

Is driver the owner? (YES (NO))

D.O.A : 17/6/19.

Place of Accident :

If **NO**, Driver Name / Age :

Nature of Accident :

Driver Tel No. :

(V/L (YES) / NO)

OI GIA REPORT (YES) NO : TP GIA REPORT (YES) / NO

Insured Liability : %

Final ? Yes / No

SLG 8469A →

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLG 8469A — X SLE 1556M — X
19/06	DIVR, SENT UNT 1ST LETTER. OI GIA Report in
24/6/19	Called OID but wants us to call OI instead. Called OI several times but no answer, sent letter first
26/6/19	Video footage received from OI via email, uploaded to smartclaim
3/7/19	Sent message to AXA via smartclaim to ~~reject~~ reject claim
4/7/19	AXA approve reject, email sent to workshop
PRELIMIN 02-8-19	TO CANCEL FILE, NO SURVEY DONE.

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:	24/06/19 - [illegible]

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:		

Reject Case
By (staff) : Jenny
Approved by :
Date : 16/07/19

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$	(days) Reduction:	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	
Final Liability:	% ~~80~~ 0% (Agreed / Assessed)	BOLA S/N No. : NIL	Call ☐
Repair Cost:	S$	OI stationary, TP side swipe	If NO or B 28, Ass. Lia :
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	Cancel
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$		1) Claim status: ~~Normal~~/Reject/~~Private Settle~~
Legal Cost	S$	(e.g. Tow/ Independent)	2) Report Format:
Total:	S$	**Global Sum S$:**	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

8/8/19 - File (-) shu Pertu close/cancel