15/5/2010

INS. CASE OWNER: Lynn | CC 4 ASM /AXA1901 2128, B 4 Lynn | LKK: IDAC:

ASSIGNMENT

Surveyor: MR LIM DOI: 09/07/19 Date / Time : 9/7/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SHB 7917D. Claim No. : SAM01TAS | 129741

Name of Insured : TRANS-CAB SERVICES PTE LTD Policy No. :

Insured Tel No. : HP: Make / Model :

Excess Sec II :S$ D.O.A : 8/7/19. 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**

SLC 2633C → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Tenn	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Autopro	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	SLC2633C — SHB7917D —
06/11/19	- AXA INSTRUCTED TO REJECT TP CLAIM.
	- PIR AGAINST TP.
24/12/19	- EMAIL TO TP TO REJECT CLAIM.
	- TO CLOSE.

Reject Case
By (staff) : VIC
Approved by : Yu
Date : 18-02-20

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	25/7/19 email.
After call ltr to OI:	dua

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	/	
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR: AGAINST TP	/	
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: L/S S$ 4,650.00 (7 days) Reduction: 55 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 0 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —	PIR - AGAINST TP
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ — ($ x days)	AXA INITIATED TO REJECT
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**		
GIA/LTA Search	S$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $ 250.00
Total:	**S$** — **Global Sum S$:**	

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:	—