15/5/2010

INS. CASE OWNER: CC 4 ASM /~~AXA~~1901 WJ52, A ~~WJ63~~ h

LKK:

IDAC:

ASSIGNMENT

Surveyor: Ah Tan DOI: 16/7/19. Date / Time : 16/7/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLU 7832S. Claim No. : SAM0717116836.

Name of Insured : RAMACHANDRAN DANIEL JEYAKMAR Policy No. :

Insured Tel No. : HP: Make / Model :

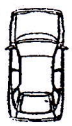
Excess Sec II :S$ D.O.A : 12/7/19. Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO

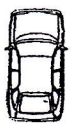
Driver Tel No. : (V/L YES / NO) Insured Liability : % **Final ? Yes / No**

SKV 8319T → → → →



INSRS:
WSP: CAS GARAGE
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SKV8319T - A SLU7832S-X
24/7/19	Confirm accident details. inform TP Claim. letter send out
	- TP LOD IN
22/11/19	- UPLOADED IA IN QC
25/11/19	- AXA APPROVED MANDATE @ LOR 6 DAYS
27/11/19	- SEND 1ST OFFER TO TP.
	- TP ROSSOCKED LOR @ 6 DAYS. PROPOSE 7 DAYS
	- AXA AGREED 1 MORE DAY.
	- SEND ACCEPTANCE EMAIL TO TP
	- 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:	24/7/19
After call ltr to OI:	VIVIAN

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: LIS S$ 4,500.00 (6 days) Reduction: 73 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/11/19 Confirm with NICOLE Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27.	If NO or B 28, Ass. Lia : (01 REAR-ENDED TP)
Repair Cost:	S$ 4,500.00	
Loss of Rental (LOR):	S$ 700.00 (7 days) x $100	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ✓ LOU only ☐	LOR + LOU ☐ LOR + LO ☐ [Tick only one]	
GIA/LTA Search	S$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	**S$ 5,207.45** **Global Sum S$:** —	

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

Payee 1:	S$ 5,207.45	Name 1:	CAS GARAGE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—