

15/5/2010

INS. CASE OWNER:

Jms
CC 3 ASM
/AXA 1901

7045, Kph

LKK:
IDAC:

Surveyor:

Cometh.

DOI:

ASSIGNMENT

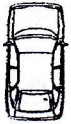
27/7/19

Date / Time:

23/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SMH 6173Z

Name of Insured:

Ho YAT WAI

Insured Tel No.:

HP:

Excess Sec II : \$\$

D.O.A.:

20/7/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: HO MOON WAI

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

S9MOZUKC / 18718

Policy No.:

VPA/PW40378

Make / Model:

TOYOTA

Place of Accident:

AME MB 2

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

Insured Liability: %

Final ? Yes / No

SHB 973C



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans
amb.

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHB 973C - 11/7/19 (owner's car) over 21/19	Non-Reporting ltr (1st):	
	SHB 6173Z - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
31/7/19	confirm accident details. letter end out	Call OI:	31/7/19
		After call ltr to OI:	6/10/19
		Documentation Check List:	Handler Typist
	ORIGINAL TP LOD IN.	Notification ltr (if non-pickup)	☐
22/10/19	UPLOADED WANDRIG 1A IN QC.	After call ltr to OI:	☒
23/10/19	AXA APPROVED WANDRIG.	Authorisation To Act:	☒
27/11/19	SEND 1ST OFFER TO TP.	Release Voucher:	☒
17/12/19	TP ACCEPTED OFFER.	Final Repair Bill:	☒
	ALL DOCS IN ORDER.	Car Rental Invoice:	☒
	TO CLOSE.	Towing Invoice:	☐
		LTA / GIA:	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☐
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	\$\$	days) Reduction:	%	Email ☐	Call ☐
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FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☒	Cal ☐
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Final Liability:	%	100 (Agreed / Assessed)	BOLA S/N No.:	15	If NO or B 28, Ass. Lia:
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Repair Cost: (w/65r)	\$\$	1,391.00	(O/D CHARGED AMB)	
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Loss of Rental (LOR):	\$\$	81.13	(1 days) x \$81.13	
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Loss of Use (LOU):	\$\$	—	(\$ x days)	
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Loss of Income (LOI):	\$\$	50.00	(\$ 50 x 1 days)	
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LOR only ☐	LOU only ☐	LOR + LOU ☐	LOR + LO ☒	[Tick only one]
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GIA/LTA Search	\$\$	7.49		
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Medical:	\$\$	—		
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Disbursement:	\$\$	—	(e.g. Tow/ Independent)	
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Legal Cost	\$\$	—		
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Total:	\$\$	1,529.62	Global Sum \$\$:	1,520.00
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FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐	Cal ☐
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Payee 1:	\$\$	1,520.00	Name 1:	TRANS-CAB AUTO SERVICES PTE LTD
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Payee 2: (Strike if N.A.)	\$\$	—	Name 2:	—
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Payee 3: (Strike if N.A.)	\$\$	—	Name 3:	—
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