

15/5/2010

INS. CASE OWNER:

Yvonne

CC4 ASM
/AXA1901 6670, 963LKK:
IDAC:

ASSIGNMENT

Surveyor:

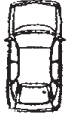
DOI:

Date / Time:

20/9/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 54096

Claim No.:

S920211L / 137881

Name of Insured:

TRANS - AB SERVICES P/L

Policy No.:

VFX / P16875N

Insured Tel No.:

HP:

Make / Model:

TOYOTA

Excess Sec II :\$S

D.O.A.:

LA (ALIA)

Place of Accident:

LHANA BUSINESS PARK LOWLAND

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: UTE TECK UYE

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

Driver Tel No.:

(VL: YES / NO)

Insured Liability:

%

Final ? Yes / No

SLM 5021X

INSRS:
WSP:
Tel:
Liability:
RMKS:

SME

INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE/ PIC
20/9	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	
	After call ltr to OI:	
21/10	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:	

20/9 - Reg App from OI & TP
TP App in Credit AXA instruction to settle
to best?

21/10 - TP making illegal u-turn. seek instruction
to reject TP claim.

21/10 - Rejection email send TP
cancel case.

* NO SURVEY DONE *

cc: Yaw
08/10/19

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	(days) Reduction:	%
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia.:
Repair Cost:	\$S		
Loss of Rental (LOR):	\$S	(days)	
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		
Medical:	\$S		
Disbursement:	\$S	(e.g. Tow/ Independent)	
Legal Cost	\$S		
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:	

CANCEL