

INS. CASE OWNER:

LOH Cynthia
6568804843

CC4/ASM19022516/T1ga3

LKK:

IDAC:

152664

ASSIGNMENT

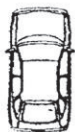
Surveyor: TAUFIKH

DOI: 20/12/2019

Date / Time : 20/12/2019

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SGV 2527KClaim No. : S9M02ASDName of Insured : WANG DUOPolicy No. : GA141496Insured Tel No. : _____ HP: 93655092Make / Model : TOYOTA RUSH 1.5Excess Sec II :S\$ _____ D.O.A : 18/12/2019 19:30Place of Accident : LOWER KENT RIDGE RD ABOUT EXITING TO NHH

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

If NO, Driver Name / Age : _____

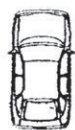
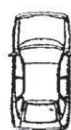
OI GIA REPORT: YES / NO ; TP GIA REPORT: ☒ YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : % **Final ? Yes / No**

SMJ 4022D

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

Date/ Time		STAGE	DATE / PIC
	SMJ 4022D - X	SGV 2527K - X	
8/1/2020	OINR. To send out first letter. File pass to Su Li.	Non-Reporting ltr (1st):	30/1/2020
		Non-Reporting ltr (2nd):	10/2/2020
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
14/07/2020	AXA INFORM THAT TP PASS LAWYER TO HANDLE. SUBMIT WP, ADMIN TO CLOSE	Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/S S\$ 2700.00 (4 days) Reduction: 3315.04 % 55

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 13B

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 + LOI ☐ [Tick only one]

GIA/LTA Search S\$

Medical: S\$

Disbursement: S\$ (e.g. Tow/ Independent)

Legal Cost S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format: WP

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:

TOTAL