

1/15/2019

INS. CASE OWNER:

RA
Antony

CS3, AXA 1800 4300, R110352

LKK:

IDAC:

Survivor:

Myc (WILSON)

DOI:

2/13/18

Date / Time:

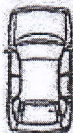
2/13/18

Registered in Merimen:

2/13/18 by AXA

Pre-assign / CCU / FTE

SHB 9928J



Insured Vehicle No.:

Name of Insured:

TRANS. CAR SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II :SS

5,000.00

D.O.A.:

15/01/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

NORTH CHINA GORN

Driver Tel No.:

81012 298

(VL: YES / NO)

Claim No.:

C0470895

Policy No.:

P1680520

Make / Model:

Renault Latitude

Place of Accident:

North Bridge Rd

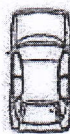
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final? Yes / No

PS 9322R



INSRS:

WSP:

Tel:

Liability:

RMKS:

5998



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

2/14

1/18

2/13

2/13

2/14

2/14

12-2-19

PS 9322R - X;

SHB 9928J. C-11011615426/Kmb392: 11011615426

Panding Est 8PA.

To get PIK result from TP.

and Reminder to TP

50/50 to TP.

To get Est list from Kuan By.

PENDING EST. & PIK

CLOSE PRI

MV: \$2000, LTA \$551, NV: \$1449

STAGE

DATE / PIC

Non-Reporting ltr (1st)

Non-Reporting ltr (2nd)

Non-Reporting ltr (Final)

Notification ltr (if non-pickup)

Call OI

After call ltr to OI

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:

Total Loss \$3700.00

(7 days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

2/13/2021

Confirm with:

Roll

Email

Call

Final Liability:

50

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

3700

\$

1850.00

Loss of Rental (LOR):

\$

-

(days)

Loss of Use (LOU):

100.00

\$

50.00

(\$ 20

x

9 days)

Loss of Income (LOI):

\$

-

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$

-

Medical:

\$

-

Disbursement:

\$

-

(e.g. Tow/ Independent)

Legal Cost:

\$

-

Total:

\$

1900.00

Global Sum \$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

1900.00

Name 1:

SG 98 Motor Pte Ltd.

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3:

13/6/19

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

IP

\$250/-