

INS. CASE OWNER:

CC F/AXA150 19938, Kyg3

LKK:

IDAC:

ASSIGNMENT

Surveyor:

Kenneth Kong.

DOI:

23/11/15

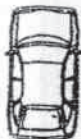
Date / Time :

23/11/15

Registered in Merimen:

24/11/15

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKD1048E

Name of Insured :

Claim No. :

Insured Tel No. :

HP:

Policy No. :

Excess Sec II :SS

D.O.A :

30/10/15

Make / Model :

Is driver the owner?

(YES / NO)

Nature of Accident :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability :

%

Final ? Yes / No

SHF7247



INSRS:

WSP: Trans-cab.

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date / Time

SHF7247-X
SKD1048E-X

DS

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:

S\$

(

days)

Reduction:

%

Email

Call

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 + 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:

3) Survey fee:

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:

ASS. REC. BY:

REF: ALAKennethASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Trans Cob

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14F 7247 Yr Regn: 12, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Renault Longitude c.c. 1995Colour n-white 1st A/C: Insured / Std / NI / NASp. Reading 73090 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL15AUC 281169Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Ravelo

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 30/10/15D.O.I. 23/11/15

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

24/11 File pass to Catching
u 83689-38 Low

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

...CLAIM SUBFOLDER...(New Assignment)

BI Direct Settlement

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Nov 2015		23 Nov 2015 16:14 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CHIAM, TAT LIANG, NRIC: S0191148A		
Main Claimant:	TRANS-CAB SERVICES PTE LTD, NRIC: 200303878K		
Vehicle Reg. No.:	SHF724T	Date of Loss:	30/10/2015 17:00 - :59
Claim Type:	TP / C0361230	Policy/Cover Note No.:	GA004263 (Comprehensive)
Vehicle Reg. No. (Insured):	SKD1048E	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Trans-cab Auto Services Pte Ltd (HQ) No. 42 Sungei Kadut St 1, 729346 Sungei Kadut - Tel: 62876666		
Handling Insurer:	AXA Insurance Singapore Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Ernest Tay - 6880 4835]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 02/12/2015]		
Adj Asg. Remarks:	CONFLICTING REPORTS; TO OBTAIN TP VIDEO BEFORE DS.		

ASSOCIATED MAIL RECEIVED

View All Compose Case Mail

- AXA_SG (23/11/2015): New TP Assignment - C0361230/GA004263

ALL ASSOCIATED TASKS

View All Search Tasks Create New Task Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Kenneth