

INS. CASE OWNER: Vale oh

CC3/AXA130 13 412 / K 12 Y3 C7

LKK:
IDAC:

ASSIGNMENT

Surveyor: KennethDOI: 24.7.13Assg Date: 24.7.13

Pre-assign / CCU / FTE

Insured Vehicle No.: STL 7912 RClaim No.: 60376638Name of Insured: Shanti Kaur DO Hari Singh BajwaPolicy No.: P0735858Insured Tel No.: HP: 9616 1676Make / Model: HondaExcess Sec II: SS X D.O.A: 22.7.13Place of Accident: Rochat Canal Road Towards opur Road

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



SHD 5264 4

INSRS:

WSP: Tare - cab

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

7/10

VIC

FOR CSO ONLY:

Is driver the owner? (YES / NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number:

Insurance Company:

SHD 5264 4 - X

STL 7912 R - CC6/AXA11020784/WH392XX ; DOA: 4.10.11

DOWN.

01-11-13

LIABILITY IS LIKELY BASED ON DAMAGED PROFILE BUT % STATEMENT IS NOT CLEARLY STATED THE SCENARIO OF ACCDT. TO CONFIRM AGAIN WITH % WHO WAS SHIFTING TOWARDS LEFT LANE INTENDING TO HEAD STRAIGHT AND GRAZED BY TAXI TRAVELLING ON 2ND LANE

09/12/13 @ 3:28 PM

OPENS TO OI. SHE CONTINUED ACCIDENT BECAUSE AND WAS PICKING UP IN WHITE ALMOST COMPLETE, TP CAME OFF IN THE HER CAR. NO CCU/EVIDENCE. SHE ONLY TOOK PHOTOS OF TAXI. INFORMED TP CLAIM & LIABILITY KNEW. OI STRONGLY DISPUTED LIABILITY & DOESN'T WANT TO SETTLE EVEN AT 50/50. SHE DOESN'T WANT HER NCD TO BE AFFECTED.

REQUEST AXA EMAIL.

23/12/13 @ 3:30 PM

OI CALLED IN. INFORMED TP CLAIM WHERE SHE UNDERSTANDS BUT STILL DISPUTED ON LIABILITY. OI WANTS TO KNOW FINAL AMOUNT. POTENTIAL DISPUTE.

07/05/14

SEND EMAIL TO AXA FOR INTERVENTION.

10/05/14

EMAIL FROM AXA TO RESORT TP CLAIM. TO CLOSE CASE.

STAGE

DATE / PIC

Finalisation:

Email AIG for OI GIA:

Apt letter to OI:

Call OI:

After call ltr to OI:

Type Report:

Prepare Invoice:

Others:

Documentation Check List: Handler Typist

OI Apt Ltr:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

LTA / GIA:

Medical Bill:

Approval Email: WAPRTE

Payment Breakdown Form:

Others:

COPY SENT 20.5.14

FINAL SETTLEMENT

Date: 20/03/2020Confirm with WMI YIN

(CHECKED TP CLAIM)

(OT CHARGED CASE)

Repair Cost: CW / GATSS 1,872.50Final Liability 100 % (Agreed / Assessed)BOLA S/N No.: NIL

Loss of Rental:

SS 288.90 (3 days) x 96.30

If NO or B 28, Ass. Lia:

Loss of Use / CONVE:

SS 150.00 (\$30 x 3 days)

(OI 2000000)

Disbursement: LTASS 6.00

TP VIDEO IN

Total:

SS 2,317.40 Global Sum: SS 2,300.00

20.5.14 file pass to typist to close

"42,300.00 PAYABLE TO TRANS-CAB AUTO SERVICES PTE LTD"

[illegible]