

INS CASE OWNER: Stacy CC 4/AXA1800 LKK: 4299, K 1639 IDAC: 7

Surveyor: Tenneth DOI: 7/7/18 Date/Time: 6/7/18

Registered in Merit: P

Re-Open Case

Pre-assign / CCU / FTE: SGT 1320J

Insured Vehicle No.: C4UA SEOW - WFI DEREK Claim No.: S8M0095H | 32444

Name of Insured: C4UA SEOW - WFI DEREK Policy No.: GA04724411

Insured Tel No.: HP: 12/7/18 Make / Model: TOYOTA

Excess Sec II :SS: D.O.A: 12/7/18 Place of Accident: SUP RD THIMSON RD TO NORFOLK RD

Is driver the owner? (YES / ☒ NO) Nature of Accident: YEO BOON HOCK

If NO, Driver Name / Age: YEO BOON HOCK OI GIA REPORT: ☒ YES / NO: TP GIA REPORT: ☒ YES / NO

Driver Tel No.: (V/L: YES / NO) Insured Liability: % Final? Yes / No

SLP 406P

INSRS: WSP: <u>supreme</u>	INSRS: WSP:	INSRS: WSP:	INSRS: WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/Time	STAGE	DATE / PIC
8/7/18	Non-Reporting ltr (1st):	
11/11/18	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:	

8/7/18 - SLP 406P - X SGT 1320J - X

11/11/18 - Smartclaim

12/7/18 - "pls call insured & verify that insured driver was not authorized by insured to drive do the reporting. we would require addendum to GIA report or letter of authority."

12/7/18 - TO GET LOR FROM OWNERS

12/7/18 - Spoken to OI - He confirmed involvement in motor with TP. Inform OI on TP claim, agreed to settle and owner of NCD will be affected if applicable. Sent letter to OI OI with request LOR from OI and owner.

12/7/18 - OI e-mail: derek@phylip.com.sg

12/7/18 - LOR via WhatsApp to OI.

2/9/19 - fca - Mr Lee to dnf up

PRELIMINARY ADVICE Date/Time: 7/7/18 Sent By: DM

FINALIZATION Date/Time: 14/04/2020 Confirm with: Chew Keong Confirm by: 7/7/18

Repair Cost: L/sum \$S 3,050.00 (4 days) Reduction: 59 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/04/2020 Confirm with: Chew Keong Email ☒ Call ☐

Final Liability: % (Agreed / Assessed) BOLA S/N No.: 24

Repair Cost: \$S 3,050.00

Loss of Rental (LOR): \$S (5 days)

Loss of Use (LOU): \$S 300.00 (60 x 5 days)

Loss of Income (LOI): \$S (5 x 5 days)

LOR only ☐ LOU only ☒ LOR + LOU ☐ LOR + LOI ☐ (Tick only one)

GIA/LTA Search: \$S 2.00

Medical: \$S

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

Legal Cost: \$S

Total: 3,350.00 3,352.00 Global Sum \$S: 3,350.00 \$350.00 - \$250.00 = \$100.00

FINAL PAYMENT Date/Time: 14/04/2020 Confirm with: Chew Keong Email ☐ Call ☐

Payee 1: \$S 3,350.00 Name 1: Supreme Auto Service Pte Ltd

Payee 2: (Strike if N.A.) \$S Name 2:

Payee 3: (Strike if N.A.) \$S Name 3:

ASS. REC. BY:

REF:

AXM/

Confirm & calling with
work done on old vehicle

Smart claim

hasn't created

AXA insurance hasn't
reply email to workshop

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

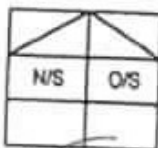
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

09 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SKL 406P

Yr Regn: _____

08/16

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

Truck / Trailer or _____

Make: _____

Mazda

3

cc

1496

Colour: _____

M. Grey

A/C

Insured / Std / NI / NA

Sp. Reading: _____

84446

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

JMBB42A.8G034733Z

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

205/55R16

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

TOYO / YOKO or

1 tankcock

Front

Rear

R/Bal: _____

7 mm

R/Bal: _____

7 mm

L/Bal: _____

7 mm

L/Bal: _____

7 mm

D.O.A: _____

17/2/18

D.O.I: _____

2/3/18

Survey held at _____

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

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

Date / Time

Action / Instruction

5/3

File pass to Catherine
submitLIS # 24W (Red # 5122.31 / 68%) - excluder check here
\$ 921.28

FINAL L/SUM \$3,050.00// 59%

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS: \$ _____

Photos: _____

Others: _____

TOTAL

Add Fee: ☐

: Site Insp (\$ _____)



: Interview (\$ _____)



: Tech. Invs (\$ _____)



: Weekend (\$ _____)

Report Format: _____

Lump Sum / L.B.I: (\$ _____)