5/5/2010

INS. CASE OWNER: VGR. CC 3. /AXA1600 9808 / Khg3.

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth DOI: 26/5/16 Date / Time : 26/5/16

Registered in Merimen: 27/5/16.

Pre-assign / CCU / FTE

Insured Vehicle No. : Ex 999H. Claim No. : C0385417

Name of Insured : Lee Boon Keat Policy No. : GA053527

Insured Tel No. : HP: 93715357 Make / Model : Mitsubishi Lancer EX. 1.6 GLS(A)

Excess Sec II :S$ — D.O.A : 24/5/16 Place of Accident : Toh Tuck Road.

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

If **NO**, Driver Name / Age : Goh Yew Leng OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 84353287 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHC 59567 → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans-cab	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC
26/6/16 VIC	SHC 59567 - CC3/AXA1600 / KG3 / 02 DOA 26/5/16 Ex 999H - NA / INC0804608 / DOA 8/9/08	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
	- OID TO PROVE TP REVERSED/ROLLED BACK	Notification ltr (if non-pickup):	
		Call OI:	12/8/2016 - Sy at
030816 @ 4.35pm	SPOKE TO OI MR LEE @ 84353287. OI INFORMED THAT HE DONT WANT TO SETTLE THE CLAIM AS HE IS NOT AT FAULT. & ALSO HE HAS NO EVIDENCE TO PROVIDE. SENT LETTER TO OI.	After call ltr to OI:	Suban 3/8
	- FINALISED.	**Documentation Check List:**	**Handler / Typist**
	- EMAIL TO TP TO GET CCW IF ANY.	Notification ltr (if non-pickup)	
	- PENDING TP EVIDENCE.	After call ltr to OI:	✓
	- OI PHOTOS IN.	Authorisation To Act:	
10-10-17	TP'S VERSION IS NOT CONVINCING PROBABLY WE ARE AT FAULT BASED ON PRINCIPLE OF PROBABILITY SO WRITE TO AXA FOR INSTRUCTION. DAMAGES ARE UNLIKELY CAUSED BY MOVING BACKWARD	Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice	
		LTA / GIA :	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
15-11-17	WRITE TO AXA FOR INSTRUCTION TO PROCEED.	LOD	
27/06/18	- TP INACTIVITY. EMAIL TO AXA TO TEMP. CLOSE	Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time: CASE.	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: 1151	S$ 2,482.94 (1.5 days)	Reduction: 93 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ —		(CONFLICTING VERSIONS)
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ — ($ x days)		"NO SETTLEMENT, TP INACTIVITY"
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐	**[Tick only one]**	
GIA/LTA Search	S$ —		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —		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:	—