

INS. CASE OWNER:

CC 4 /ASM2000 7025 / Bps3

LKK:
IDAC:

Surveyor:

LTG

DOI:

ASSIGNMENT

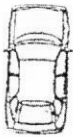
09/07/2020

Date / Time :

07/07/2020

Pre-assign / CCU / FTE

Registered in Merimen: _____



Insured Vehicle No. : SJM 1005T

Claim No. : _____

Name of Insured : GOH MAO QUAN

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :SS

D.O.A : 04/03/2020

Place of Accident : _____

Is driver the owner? (YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age :

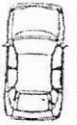
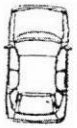
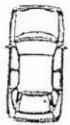
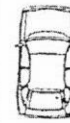
Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SMK 5676E

INSRS:
WSP: TEAM
Tel: AUTOPRO
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SMK 5676E : X

SJM 1005T : CS/AXA12022722/Ky1k3 ; DOA : 21/11/2012

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 / GLA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

13/11/2020

PLEASE REFER TO VIEWS FOR DETAILS

*REJECTED TP CLAIM AS PER AXA INSTRUCTION

Reject Case

By (staff) : Justin

Approved by : Mr

Date : 13/11/20

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: L/SUM \$S 1,900

(4 days) Reduction: 77 %

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)

GLA/LTA Search

\$S

Medical:

\$S

Disbursement:

\$S

(e.g. Tow/ Independent)

Legal Cost

\$S

1) Claim status: Normal/Reject/ ~~Partial~~

2) Report Format:

3) Survey fee: 350.00

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: