ASS 5/5/2010

INS. CASE OWNER: | CC 3 ASM /~~AXA~~1702 4668, K h b3 52 | LKK: IDAC:

ASSIGNMENT

Surveyor: KS2 DOI: 28/12/17 Date / Time : 28/12/17

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKW 3687Y		Claim No. :	87M00611 / MB57
Name of Insured : KWAN WEE HONG		Policy No. :	QAM36744
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 27/12/17	Place of Accident :	MAL OF AMK AVE 10 & AMK AVE 3
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**

SHF 6875 ⟶ ______ ⟶ ______ ⟶ ______

INSRS: Trans Cab	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS: (ARL)	RMKS:	RMKS:	RMKS:

Date/ Time		STAGE	DATE / PIC	
2/1/18	SHP 6875-X SKW3687Y-Y	Non-Reporting ltr (1st):		
TTN	*Smartclaim	Non-Reporting ltr (2nd):		
	"pls check with insured prior to settlement bcos in his report, he mentioned not claiming insurance against each party."	Non-Reporting ltr (Final):		
		Notification ltr (if non-pickup):		
		Call OI: 22/1/18 > SH		
		After call ltr to OI: 12/01/18 - WE OK		
		Documentation Check List:	**Handler**	**Typist**
	Called OD no response.	Notification ltr (if non-pickup)	☐	☐
	RECEIVED 0 4 APR 2018	After call ltr to OI:	☑	☐
		Authorisation To Act:	☑	☐
		Release Voucher:	☐	☐
		Final Repair Bill:	☑	☐
8/1/18 @ 3.00	- called OD no response -	Car Rental Invoice:	☑	☐
12/01/18	- SEND LETTER TO OI.	Towing Invoice	☐	☐
	- TO FOLLOW UP CALL OI.	LTA / GIA :	☑	☐
	- AXA APPROVED MANDATE.	Medical Bill:	☐	☐
22/1/18 @ 1210 hrs:	spoke to OI @ 98201743 received letter, agreed to settled on TP's claims, aware of NCD issue!	PIR:	☐	☐
28/02/19	- SEND 1ST OFFER TO TP.	Mandate/Reject Instruction:	☑	☐
28/05/19	- TP ACCEPTED OFFER. ALL DOCS IN ORDER	LOD	☑	☐
		Payment Breakdown Form:	☐	☐

PRELIMINARY ADVICE	Date/Time: 1/1/18	Sent By: DML	Post-Repair Photos: ☐ ☐
			Others: DO POLICY ☑ ☐
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: LG	S$ 5,330.00 (2.5 days)	Reduction: 84 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 27/05/19	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 5938.50		COI (REAR - ENDED TP)
Loss of Rental (LOR):	S$ 304.38 (3 days) x 101.46		
Loss of Use (LOU):	S$ ~~150.00~~ ($ ~~50~~ x ~~3~~ days) (TPOI)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**			
GIA/LTA Search	S$ 5.35		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee: $350.00
Total:	S$ 6248.23	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 6,248.23	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	