15/5/2010

INS. CASE OWNER: TE | CC 4 ASM /AXA1800 0695, F1 b63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Eaivin DOI: 11/1/18 Date / Time: 11/01/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SJY 7074R	Claim No. :	S8M006W7 / 20917
Name of Insured :	KUEH SION WEE	Policy No. :	4A093759
Insured Tel No. :	HP: 96171533	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 07/01/18	Place of Accident :	BALESTIER RD
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 3069S → → →

INSRS: UNITE WSP: Uyang Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
1/2/18	SHD 3069S – AS[illegible] DOA: 18/4/17	**STAGE** / **DATE / PIC**
	SJY7074R – M[illegible] DOA: 7/1/18	Non-Reporting ltr (1st):
VIC	– Survey before AXA assign date	Non-Reporting ltr (2nd):
	# Smartclaim.	Non-Reporting ltr (Final):
	– ORIGINAL TP LOD IN. SEEK MANDATE BEFORE SETTLE.	Notification ltr (if non-pickup):
	– SEEK MANDATE IF ABOVE $5K.	Call OI: 02/08/18 - VIC
	– FINALISED.	After call ltr to OI:
02/08/18 @ 5:52PM	– SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS IN REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE IN AGREE NCD ISSUES. SEND LETTER IN EMAIL TO OI. BELOW $5K MANDATE	
19/08/18	– ORIG. DV IN. TP ACCEPTED OFFER.	
	– ALL IN ORDER.	

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:		

PRELIMINARY ADVICE Date/Time: 11/1/18 Sent By: [illegible]

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: F/P	S$ 980.48 (2 days)	Reduction: 62 %	Email [ ] Call [ ]
FINAL SETTLEMENT	Date/Time: 07/08/18	Confirm with William	Email ✓ Call [ ]
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 27	If NO or B 28, Ass. Lia : (OI REAR-ENDED TP)
Repair Cost: (w/GST)	S$ 995.61		
Loss of Rental (LOR):	S$ 625.00 (5 days) × $125.00		
Loss of Use (LOU):	S$ 250.00 ($ 50 x 5 days)		
Loss of Income (LOI):	S$ – ($ x days)		
LOR only [ ]	LOU only [ ] LOR + LOU [ ] LOR + LOI ✓ **[Tick only one]**		
GIA/LTA Search	S$ 7.49		
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee: $350.00
Total:	S$ 1,878.10	**Global Sum S$:** –	
FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 1,870.00	Name 1: COMFORTDELGRO ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	