15/5/2010

INS. CASE OWNER: Ernest | CC4 /AXA1800 4181 , K2463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Edwin. DOI: ______ Date / Time: 3/3/18 Registered in Merimen: 7/3/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 366	Claim No. :	C0471870
Name of Insured :	TRANS-CAB SERVICES PTE	Policy No. :	VPX/P16005??
Insured Tel No. :	HP:	Make / Model :	RENAULT
Excess Sec II :S$	$5000 D.O.A.: 2/3/18	Place of Accident :	CAHD LANE
Is driver the owner?	(YES / NO)	Nature of Accident :	
If **NO**, Driver Name / Age :	LAM CHEW CHIEW	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SHB 8008X ⟶ ______ ⟶ ______ ⟶ ______

INSRS: WSP: premier Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		
6/7/18	SHB8008X – ✗ SHD366-✗	
	- FINALISED.	
	- TP LOD IN BY EMAIL	
VIC		
27/03/18	- FILE REVIEWED. OIO HIT PARKED TP.	
	SEND EMAIL TO OI TO NOTIFY TP	
	CLAIM.	
27/03/18	- TYPE REPORT FOR MANDATE APPROVAL	
	- REPORT DONE.	
	RECEIVED 27 MAR 2018	
02/04/18	- SEEK MANDATE APPROVAL BY MERIMEN	
30/05/18	- AXA APPROVED MANDATE.	
14/06/18	- SEND 1ST OFFER TO TP	
18/06/18	- TP ACCEPTED OFFER.	
	- ALL DOCS IN ORDER.	
	- TO CLOSE.	

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:	27/03/18 - VIC

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)		
After call ltr to OI: EMAIL	✓	
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: 02/03/18 Sent By: b3

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/G	S$ 1,400.00 (2 days)	Reduction: 64 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/06/18	Confirm with GARY	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :
Repair Cost: (CW/GE)	S$ 1,498.00		OID hit to stationary vehicle.
Loss of Rental (LOR):	S$ 219.88 (2 days) X $109.94		
Loss of Use (LOU):	S$ 80.00 ($ 40 x 2 days)		
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:
Legal Cost	S$ —		3) Survey fee: $350.00
Total:	**S$** 1,797.88	**Global Sum S$:** 1,790.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,790.00	Name 1: PREMIER AUTOMOTIVE SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	