

INS. CASE OWNER:

Ernest

CC 4 / AXA 1800

4638

U6639

LKK:

IDAC:

Surveyor:

Marus

DOI:

ASSIGNMENT

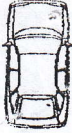
9/7/18

Date / Time:

14/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKB 7170E

Name of Insured:

ONG REN KAI BENJAMIN

Insured Tel No.:

HP: 82981601

Excess Sec II :\$S

D.O.A:

07/07/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Phong KHAN PHONG

Driver Tel No.:

84810491

(V/L: YES / NO)

Claim No.:

SBM00ACV | 34369

Policy No.:

GAK8921

Make / Model:

BMW

Place of Accident:

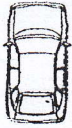
ALEXANDRA RD

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

Insured Liability:

%

Final ? Yes / No



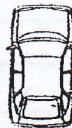
INSRS:

WSP:

Tel:

Liability:

RMKS:

Fastech
KIM CHWEE

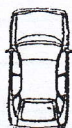
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
14/7/18	Non-Reporting ltr (1st):	
9am	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	16032018
	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 / GIA:	☒
	Medical Bill:	☒
	PIR:	☒
	Mandate/Reject Instruction:	☒
	LOD:	☒
	Payment Breakdown Form:	☒
	Post-Repair Photos:	☒
	Others:	☒
16032018 @ 8.52am	Spoke to OI (Mr Ong). Confirmed accident details and OI rear-ended TP. OI will send any additional photos via email. Informed abt TP claim, aware of bcd issues and agree to settle. Send letter to OI. OI confirmed DOA on the 07032018.	
22032018:	File page to type mandate. REPORT DONE	
16/06/18	98% LIABILITIES TO AXA BY SUBROGATION.	
01/09/18	AXA APPROVED LIABILITIES @ \$5,800.00	
01/10/18	REPAIR 1ST OFFER TO TP	
04/10/18	TP ACCEPTED OFFER. KL DOES IN ORDER.	
PRELIMINARY ADVICE Date/Time: 22032018 Sent By: [Signature]		
FINALIZATION Date/Time: Confirm with: Confirm by:		
Repair Cost: 16	\$S 5,200.00 (7 days) Reduction: 50 %	Email ☐ Call ☐
FINAL SETTLEMENT Date/Time: 08/11/18 Confirm with: JASON Email ☒ Call ☐		
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	27
Repair Cost: (w/60)	\$S 5,564.00	
Loss of Rental (LOR):	\$S (days)	
Loss of Use (LOU):	\$S 400.00 (\$ 60 x 8 days)	
Loss of Income (LOI):	\$S (\$ x days)	
LOR only ☐ LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	
GIA/LTA Search	\$S 2.00	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent)	
Legal Cost	\$S -	
Total:	\$S 6,046.00 Global Sum \$S: 5,800.00	
FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐		
Payee 1:	\$S 5,800.00 Name 1:	KIM CHWEE AUTO PTE LTD
Payee 2: (Strike if N.A.)	\$S - Name 2:	-
Payee 3: (Strike if N.A.)	\$S - Name 3:	-