15/5/2010

~~INS.~~ CASE OWNER: CL | CC 4, ASM1800 5331, T1 2a3 | LKK: IDAC: 35585

ASSIGNMENT

Surveyor: MTH DOI: 23/3/18 Date / Time : 20/3/2018

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : PA8290G Claim No. : S8M00B4W

Name of Insured : AILO MAXICAB LIMOUSINE SERVICE Policy No. :

Insured Tel No. : HP: Make / Model : T. HIACE

Excess Sec II :S$ 1,500.00 D.O.A : 19/3/18 Place of Accident : CTE → CITY

Is driver the owner? (YES / (NO)) Nature of Accident :

If NO, Driver Name / Age : LOH KIAN TIONG

Driver Tel No. : 93699652 (V/L: (YES) / NO)

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

Insured Liability : % Final ? Yes / No

SHO 6988 U → PA8290G → GY9032J →

INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : OI RMKS:	INSRS: WSP: Gosthong. Tel : Liability : TP RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
29/3 MTH	GY9032J. X; ~~PA8290G. cs/PA1800S268/DEd3 ; DOA 19/3/18~~ * Please check OD's vocational OL.
	3 vehicles chain collision OI 2nd vehicle.
19/10/18	- AXA APPROVED MANDATE - TP ACCEPTED OFFER.
02/11/18	- 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:	} THIN GIG 7/6/18
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:		

PRELIMINARY ADVICE Date/Time: 26/3/18 Sent By: [signature]

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 1,250.00 (3 days) Reduction: 29 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/10/18 Confirm with SUSAN Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0% 3 Veh C.C OI 2nd.
Repair Cost: (w/GST)	S$ 1,337.50	
Loss of Rental (LOR):	S$ — (days)	
Loss of Use (LOU):	S$ 750.00 ($ 150 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$ —	
Medical:	S$ —	1) Claim status: (Normal)/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —	3) Survey fee: $350.00
Total:	S$ 2,094.95 Global Sum S$: 1,840.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 1,840.00	Name 1:	GIN SHENG ENGINEERING SERVICES
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—