15/5/2010

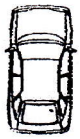
INS. CASE OWNER: Cynthia | CC 4/AXA1800 7498, 4463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus DOI: 2/5/18 Date / Time : 2/5/18

Registered in Merimen: 9/5/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC 5031S Claim No. : 0477398

Name of Insured : TRANS-URB SERVICES PTE Policy No. : VTK/P1680570

Insured Tel No. : HP: Make / Model : RENAULT

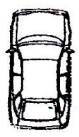
Excess Sec II :S$ $ 5000 D.O.A : 27/4/18 Place of Accident : PIE TMDS CHANGI AIRPORT

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

If **NO**, Driver Name / Age : KOH EIN HOLE OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

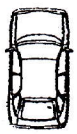
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLN 3474 → → →

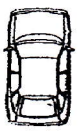


INSRS:
WSP: persons
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
9/5/18 vivian	SLN 3474 - Y SHC 5031S - Y - MANUFACTURED.
07/11/18	- SPOKE TO AXA XINYOU. HE SAID TO SUBMIT WP REPORT. TP PASS LAWYER - TO CLOSE CASE.

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:	

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: 8/5/18 Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: 40 S$ 6,600.00 (6 days) Reduction: 54 % Email ☐ Call ☐

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

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28g.	If NO or B 28, Ass. Lia : 0%
Repair Cost:	S$ —	OPD involved in ICC
Loss of Rental (LOR):	S$ — (days)	OPD is the middle.
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	"NO SETTLEMENT"
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]	TP PASS LAWYER
GIA/LTA Search	S$ —	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: WP REPORT
Legal Cost	S$ —	3) Survey fee: $ 250.00
Total:	**S$** **Global Sum S$:**	

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

Payee 1:	S$ —	Name 1:	—
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—