

Surveyor:

marius

DOI:

ASSIGNMENT

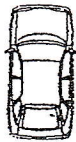
12/5/18

Date / Time:

17/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUK 7070 B

Name of Insured:

Seah Hong Lay

Insured Tel No.:

HP:

88587070

Excess Sec II :SS

D.O.A.:

15/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SPM 00410

Policy No.:

GA 244733/1

Make / Model:

Audi

Place of Accident:

Mantle Parade Rd

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

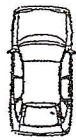
Final ? Yes / No

SKA 10796

SHE 3969A

SUK 7070 B

SKE 7885K



INSRS:

WSP:

Tel:

Liability:

RMKS:



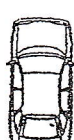
INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Car city

7p

Date / Time

3/18

SKE 7885K - X;

PINK LABEL

CAN DO DO

ORIGINAL TP LOD IN

04/05/18

10:33AM

SPOKE TO OI. SHE CONFIRMED
ACCIDENT DETAILS & WAS INVOLVED IN
A 4 VEH. C.C. & WAS THE 2ND CAR.
INFORMED TP CLAIM & WCF, AGREED
TO SETTLE & ADVISE NCD RATES.

04/05/18

SHE WANTED APPROVAL TO AXA BY SC.

07/05/18

09/05/18

16/05/18

AXA APPROVED MANDATE
SEND ACCEPTANCE BUILT TO TP.
RECEIVED BY. HE DOES 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:

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:

25/5

Sent By:

b

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 115

S\$ 1,000.00 (2 days) Reduction: 71 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☒ Call ☐

Final Liability:

% 100 (Agreed / Assessed) BOLA S/N No.: 28

If NO or B 28, Ass. Lia: 0%

Repair Cost:

S\$ 1,070.00

CA VEH. C.C. : OI 2ND)

Loss of Rental (LOR):

S\$ 300.00 (3 days) x \$100

Loss of Use (LOU):

S\$ - (\$ x 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\$ -

Legal Cost

S\$ -

Total:

S\$ 1,393.00

Global Sum S\$:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ 1,393.00

Name 1:

CAR CITY AUTO CENTRE PTE LTD

Payee 2: (Strike if N.A.)

S\$ -

Name 2:

-

Payee 3: (Strike if N.A.)

S\$ -

Name 3:

-