15/5/2010

INS. CASE OWNER: CL | CC4 / ASM1800 8991 / UHA3 | LKK: | IDAC: 45867

ASSIGNMENT

Surveyor: mAnus DOI: 17/5/18 Date / Time : 17/5/18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SLK 7070B Claim No. : SSM 00H60

Name of Insured : Seah Hong Cay Policy No. : GA2407731/1

Insured Tel No. : HP: 88587070 Make / Model : Audi

Excess Sec II :S$ D.O.A : 15/5/18 Place of Accident : Maxwell Parade Rd

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

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 1079G	SHE 3969A	SLK 7070B	SKB 7885K
INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP: Car city
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS: 4	RMKS: TP

Date/ Time	
5/5/18	SLE 7885K - X ;
	- FINALISED
VL	- CAN DO DB
	- ORIGINAL TP LOD IN.
04/10/18 @ 10:33AM	- SPOKE TO OI. SHE CONFIRMED ACCIDENT DETAILS & WAS INVOLVED IN A 4 VEH. C.C. & CLAIMS THE 2ND CAR. INFORMED TP CLAIM & LICF, AGREED TO SETTLE & ADVISE NCD ISSUES.
04/10/18	- SOLE MANDATE APPROVAL TO AXA BY SC.
07/9/18	- AXA APPROVED MANDATE
09/11/18	- GOOD ACCEPTANCE EMAIL TO TP.
16/11/18	- RECEIVED BY. LL 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:	04/10/18 - LIC
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: 7/5 Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 1,000.00 (2 days) Reduction: 71 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 16/11/18 Confirm with HIR HO Email ✓ Call [ ]

Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 0%
Repair Cost: (W/GST)	S$ 1,070.00		CA VEH. C.C. ; OI 2ND)
Loss of Rental (LOR):	S$ 500.00 (5 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$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $350.00
Total:	S$ 1,393.00	**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:	—