15/5/2010

INS. CASE OWNER: KC | CC 4 / ASM 1800 9321 / S Haz | LKK: | IDAC: 46725

ASSIGNMENT

Surveyor: YWK DOI: 21/5/18 Date / Time: 21/05/2018

Registered in Merimen: –

Pre-assign / CCU / FTE

Insured Vehicle No.:	SFM 3389 U	Claim No.:	S8M 00HP8
Name of Insured:	Ang Eng Chuan	Policy No.:	21691568 GX
Insured Tel No.:	HP:	Make / Model:	[illegible] Orlando 1.4 (A)
Excess Sec II :S$	D.O.A: 17/5/18	Place of Accident:	PIE Near Lornie Rd

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

If NO, Driver Name / Age: Yap Poh Ling

Driver Tel No.: 91633138 (V/L: YES / NO) [YES circled]

OI GIA REPORT: YES / NO [YES circled] ; TP GIA REPORT: YES / NO [YES circled]

Insured Liability: % Final ? Yes / No

SLP 5075 U → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Auto Insure	WSP:	WSP:	WSP:
Tel:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/Time	
6/6	SLP 5075 U · X ; SFM 3389 U · X
TWH	– Tr mgmt attn.
	OI rear-ended to TP. Send letter to OI inform TP claim and NCD issue.
	– FINALISED
	– TP LOD IN.
09/11/18	– AXA APPROVED MANDATE.
	– SEND ACCEPTANCE EMAIL TO TP
11/01/19	– RECEIVED DV. 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:	> TWH
After call ltr to OI:	9/11

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI: (EMAIL)	✓	
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: 23/8 Sent By: HM

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/O S$ 1,400.00 (3 days) Reduction: 84 % Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time: 21/12/18 Confirm with EMAIL	Email ✓ Call [ ]
Final Liability:	% 100 (Agreed / Assessed) [Agreed circled] BOLA S/N No.: 27	If NO or B 28, Ass. Lia: (OI REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 1,904.60	
Loss of Rental (LOR):	S$ 284.00 (4 days) x $ 71.00	
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$ 31.00	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle [Normal circled]
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee: $300.00
Total:	S$ 2,219.60 **Global Sum S$:** –	

FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 2,219.60	Name 1:	AUTO INSURE PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–