15/5/2010

INS. CASE OWNER: Stacy | CC 4/ASM/~~AXA~~180 10032 /A463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 20/5/18 Date / Time: 4/6/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.: SLQ 4628G		Claim No.:	S8MOU/NM/49099
Name of Insured: MUHAMMAD AZMIL BIN MAHIB		Policy No.:	GA442709
Insured Tel No.:	HP: 90110728	Make / Model:	HONDA
Excess Sec II :S$	D.O.A: 15/5/18	Place of Accident:	TUAS CHECKPOINT BRIDGE MOST RIGHT LANE
Is driver the owner? (YES / NO) — YES circled		Nature of Accident:	
If **NO**, Driver Name / Age:		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO (YES circled)	
Driver Tel No.:	(V/L: YES / NO) — YES circled	Insured Liability: %	**Final ? Yes / No**

SLZ 31G → → →

INSRS: WSP: United SG. Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
5/6/18	SLZ31G – Y
	SLQ4628G – C/S/SM/02/70/M/U/MSL Don 4/4/18
VIC	- CAN GO UG
	# G/MURU/Claim.
25/07/18 @ 1:55PM	- EMAIL LIABILITY CLEAR
	- SPOKE TO OI. CONFIRMED ACCIDENT DETAILS IN REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE IN AWARE NCD LOSS.
	- FINALISED
	- ORIGINAL TP LOD IN
14/06/19	- UPLOADED MANDATE IA IN OC
16/04/19	- AXA APPROVED MANDATE.
07/06/19	- SEND ACCEPTANCE EMAIL TO TP
	- DO FORM IN. 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:	25/07/18 – VIC
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: DV FORM	✓	

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: HG S$ 4,250.00 (3 days) Reduction: 49 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/06/19 Confirm with CHRIS Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) — Agreed circled; BOLA S/N No.: 27	If NO or B 28, Ass. Lia:
Repair Cost: (W/GST)	S$ 4,547.50	COI REAR-ENDED TP)
Loss of Rental (LOR):	S$ 1,000.00 (5 days) x $200.00	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ 7.45	
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: $350.00
Total:	**S$** 5,554.95 **Global Sum S$:** —	

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

Payee 1:	S$ 5,554.95	Name 1: UNITED SG AUTOMOBILE PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —