INS. CASE OWNER: CL | CC 4 / ASM 180 11153 / Uha3 | LKK: IDAC: 52368

ASSIGNMENT

Surveyor: HARCUS DOI: 21/06/18 Date / Time: 19-6-18

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : GR 2516M Claim No. : SS M00LIJ

Name of Insured : Jetson Events Management Policy No. : P07918947

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

Excess Sec II :S$ D.O.A : 15/6/18 Place of Accident : Hg Kovan Bus

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

If **NO**, Driver Name / Age : Yong Chee Sheng 90n6889

Driver Tel No. : (V/L: YES / NO)

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

Insured Liability : % **Final ? Yes / No**

SLN6374K → → →

INSRS: Kah Motor	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : UBI	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
20/6	SLN6374K - X ; GR 2516M - X
25/6/2018	Spoke to OLD in mandarin, confirm accident statement (admit Negligence), inform TP claim and HCD issue. agree to settle and waive HCD issue. Send letter to OL.
28/06/18	- EMAIL LIABILITY CLAIM - PINK FORM. - TP LOD IN BY EMAIL.
27/07/18	- TYPE REPORT FOR MANDATE
28/08/18	- EMAIL MANDATE TO AXA BY SUMMECLAIMS.
11/09/18	- AXA APPROVED MANDATE - SEND ACCEPTANCE EMAIL TO TP. - TP ACCEPTED OFFER - DN 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: 25/6/2018 - PIC	
After call ltr to OI: 25/06/18 - OIC	

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: 22/06/18 Sent By: OS

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 4,203.81 (4 days) Reduction: 30 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/09/18 Confirm with PHONE Email ✓ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 21 If NO or B 28, Ass. Lia : ✓

Repair Cost: (W/OSS) S$ 4,498.09 collided to stationary vehicle -

Loss of Rental (LOR): S$ — (days)

Loss of Use (LOU): S$ 240.00 ($ 60 x 4 days)

Loss of Income (LOI): S$ — ($ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**

GIA/LTA Search S$ —

Medical: S$ —

Disbursement: S$ — (e.g. Tow/ Independent)

Legal Cost S$ —

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee: $350.00

Total: S$ 4,738.09 **Global Sum S$:** —

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

Payee 1:	S$ 4,738.09	Name 1:	KAH MOTOR CO. SDN. BHD.
Payee 2: (Strike if N.A)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—