15/5/2010

LYNN

INS. CASE OWNER: ~~Stacey~~ | CC4 /AXA1801 1296 / Uh639 | LKK: IDAC:

ASSIGNMENT

Surveyor: Marcus | DOI: 21/6/18 | Date / Time: 20/6/18

Registered in Merimen: 20/6/18

Pre-assign / CCU / FTE

Insured Vehicle No. : SHD 9329C		Claim No. : C0473409	
Name of Insured : TRANS-LAB SERVICES P/L		Policy No. : VPX / P1680570	
Insured Tel No. :	HP:	Make / Model : CHEVROLET	
Excess Sec II :S$ $5000	D.O.A : 21/6/18	Place of Accident : OW Eunos Tuas Stilkg	
Is driver the owner? (YES / NO)	Nature of Accident :		

If NO, Driver Name / Age : HAJI ABDUL RAZAK BIN MOHAMED MOHAMED

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

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SGW 3182G → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Kan Fook Sing	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time		**STAGE**	**DATE / PIC**
21/6/18 VIC	SGW 3182G-X SHD 9329C-X	Non-Reporting ltr (1st):	
	- ~~FINALISED~~	Non-Reporting ltr (2nd):	
	- ORIGINAL TP LOD IN.	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
13/02/19	- FILE REVIEWED. OIP REAR-ENDED TP.	After call ltr to OI:	13/02/19 - VIC
	SEND EMAIL TO OI TO NOTIFY TP CLAIM.		

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:		

13/02/19 - TYPE REPORT FOR MANDATE APPROVAL
- REPORT DONE.

15/02/19 - SEEK MANDATE APPROVAL
- AXA APPROVED MANDATE.

18/03/19 - SEND ACCEPTANCE EMAIL TO TP

19/03/19 - ORIG. RV IN.
- ALL DOCS IN ORDER.
- TO CLOSE.

PRELIMINARY ADVICE Date/Time: 21/6/18 Sent By: [signature]

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 3,600.00 (5 days)	Reduction: 32 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 18/03/19	Confirm with PATRICIA	Email ✓ Call ☐
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 3,852.00		COID (REAR-ENDED TP)
Loss of Rental (LOR) (W/GST)	S$ 856.00	(8 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$ 7.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $350.00
Total:	**S$** 4,715.45	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,715.45	Name 1: KAN FOOK SING MOTOR WORKSHOP	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	