15/5/2010

INS. CASE OWNER: stacey | CC ASM/~~GTI~~1801 1374, A463 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 21/6/18 Date / Time: 21/6/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SKQ 1944Y.

Name of Insured : VAN NORMAN BRETT JEFFREY.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 19/6/18

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

If NO, Driver Name / Age : VAN NORMAN SAMANTHA BING

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

Claim No. : S8MOOLIE / 53028

Policy No. : GIA 770104.

Make / Model : LEXUS.

Place of Accident : JNC OF ALLMANDA GROVE & JLN HAJI ALIAS.

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

Insured Liability : % Final ? Yes / No

GBG 5781K → →

INSRS:
WSP: F-1
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBG5781K-4 SKQ1944Y-4
25/6/18 VIC	Ø Sworn claim.
13/07/18	- EMAIL TO TP TO REQUEST VIDEO.
	- TP VIDEO FOOTAGE IN. Y DRIVE/VIC/GBG5781K
	- UPLOADED IN QUANTCLAIMS.
	- TP LOD IN BY EMAIL
04/10/18 @ 10:07AM	- CALL OID. NO RESPONSE. HVE REVIEWED. OID TURNED TOO EARLY. SEND LETTER & EMAIL TO OI TO NOTIFY TP CLAIM.
	- FINALISED.
	- UPLOAD IA MANDATE.
12/10/18	- SEEK MANDATE APPROVAL BY OC.
26/10/18	- AXA APPROVED MANDATE.
17/11/18	- SEND ACCEPTANCE EMAIL TO TP.
20/11/18	- RECEIVED DV. ALL DOCS IN ORDER.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	04/10/18-VIC

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: 12/10/18 Sent By: VIC

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: HG S$ 5,000.00 (7 days) Reduction: 71 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 19/11/18 Confirm with CHRIS Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : OID TURNED TOO EARLY OI CLAIMED 25%
Repair Cost:	S$ 5,000.00	
Loss of Rental (LOR):	S$ 800.00 (8 days) X $100.00	
Loss of Use (LOU):	S$ — ($ x days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ **[Tick only one]**		
GIA/LTA Search	S$ —	
Medical:	S$ —	
Disbursement:	S$ — (e.g. Tow/ Independent)	1) Claim status: Normal/Reject/Private Settle
Legal Cost	S$ —	2) Report Format:
Total:	S$ 5,800.00 **Global Sum S$:** 4,650.00	3) Survey fee: $350.00

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

Payee 1:	S$ 4,650.00	Name 1:	F-1 AUTOCLINIC PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—