

15/5/2010

INS. CASE OWNER:

Ernest | CC 4. ASM 2966, A663

LKK:

IDAC:

Surveyor:

Adnan

DOI:

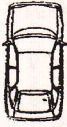
ASSIGNMENT
F10718

Date / Time :

13/5/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

SKF 5823X

Claim No. :

88000076 / 58050

Name of Insured :

SIA KONG HWEE

Policy No. :

6A07498611

Insured Tel No. :

HP: 90387004

Make / Model :

Audi

Excess Sec II :S\$

D.O.A :

16/7/18

Place of Accident :

SLIP RD OF TAN FANOS TUNGS

Is driver the owner?

(YES) / NO)

Nature of Accident :

SINGAPORE EAST

If NO, Driver Name / Age :

Driver Tel No. :

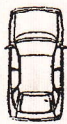
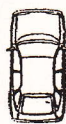
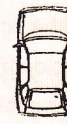
(V/L: YES / NO)

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

Insured Liability :

% Final ? Yes / No

SJM 80456

INSRS:
WSP:
Tel :
Liability :
RMKS:Kang
Car.INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
18/5/18	SJM 80456 - 4	Non-Reporting ltr (1st):	
	SKF 5823X - 4	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	18/07/18 - 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:	Send By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L19	S\$ 5,300.00 (7 days) Reduction: 57 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 06/06/19	Confirm with: SYARON	Email ☒ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27		If NO or B 28, Ass. Lia :
Repair Cost: (W160)	S\$ 5,307.45 (COST AXA)		COI (KATE - ENDED TP)
Loss of Rental (LOR) (W160)	S\$ 538.00 (5 days) X \$100.00		(AXA APPROVED COST TO L19 \$5,035.00)
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)		
Legal Cost	S\$ -		
Total:	S\$ 5,922.45	Global Sum S\$: -	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S\$ 5,922.45	Name 1: KANG CAR REPAIRERS PTE LTD	
Payee 2: (Strike if N.A.)	S\$ -	Name 2: -	
Payee 3: (Strike if N.A.)	S\$ -	Name 3: -	