15/5/2010

INS. CASE OWNER: Ernest | CC4 ASM /AXA A1801 2966 / A663 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adnan DOI: 17/07/18 Date / Time : 17/7/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SKF 5823X	Claim No. :	88M00 086 | 58050
Name of Insured :	SIA KONG HWEE	Policy No. :	GA07498611
Insured Tel No. :	HP: 90387004	Make / Model :	AUDI
Excess Sec II :S$	D.O.A : 16/7/18	Place of Accident :	SLIP RD OF PIE EUNOS TWDS SIMS AVE EAST
Is driver the owner? (YES / NO)	Nature of Accident :		

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 8045G →

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

Date/ Time	
18/7/18 VIC	SJM 8045G – 4 SKF 5823X – 4
	A Smartclaim.
18/07/18 @ 4:32PM	- SPOKE TO OI. HE CONFIRMED ACCIDENT DETAILS IN REAR-ENDED TP. INFORMED TP CLAIM, AGREED TO SETTLE IN AWARE NO ISSUES. SEND LETTER IN EMAIL TO OI.
	- PENDING DO.
	- FINALISED.
	- CAN DO B/S
31/01/19	- UPLOAD IA.
	- TP LOD IN.
	- AXA APPROVED MANDATE COR U/S $5,035.00
29/05/19	- SEND 1ST OFFER TO TP.
06/06/19	- TP ACCEPTED OFFER. 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:	18/07/18 – VIC
After call ltr to OI:	18/07/18 – 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: DO FORM	☑	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: Email ☐ Call ☐

Repair Cost: L/S S$ 5,300.00 (7 days) Reduction: 57 %

FINAL SETTLEMENT Date/Time: 06/06/19 Confirm with SHARON Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : C01 REAR-ENDED TP)
Repair Cost: (W/GST)	S$ 5,387.45 (PER AXA)	
Loss of Rental (LOR) (W/GST)	S$ 535.00 (5 days) X $100.00	(AXA APPROVED COR TO U/S $5,035.00)
Loss of Use (LOU):	S$ – ($ x days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only ☑ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ –	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee: $350.00
Total:	**S$** 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:	–