15/5/2010

INS. CASE OWNER: RA | CC 4 / AXA 180 13155, Axa 39 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian DOI: 19/7/18 Date / Time : 19/7/2018

Registered in Merimen: 17/7/18

Pre-assign / CCU / FTE

Insured Vehicle No. :	SHD 316 Z	Claim No. :	C0474112
Name of Insured :	TRANS-CAB SERVICES P/L	Policy No. :	P1680520
Insured Tel No. :	HP:	Make / Model :	R. Cabstmde
Excess Sec II :S$	5,000.00 D.O.A : 16/7/18	Place of Accident :	Upper Serangoon Rd
Is driver the owner?	(YES / NO)	Nature of Accident :	
If NO, Driver Name / Age :	Lee Hui Boon	OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	98625304 (V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

GX

SLZ 8930 J → ____ → ____ → ____

INSRS: WSP: MG Solution Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
23/7	SLZ 8930 J - X ;
vivian	SHD 316 Z - cc4 / AKG090090733180pn ; DOA: 16/4/19
31/7/18	email letter to OI
7/6/19	file pass to typist type report
21/6/19	seek mandate via merimen
21/06/19	- AXA APPROVED MANDATE
27/08/19	- SEND 1ST OFFER TO TP. VY
	- TP REJECTED OFFER. PROPOSED $5,379.45
31/01/2020	- MAINTAIN OFFER TO TP @ G6 $5.3K (ALL IN)
07/02/2020	- TP ACCEPTED OFFER.
	- 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:	31/7/18 email.
After call ltr to OI:	vivian

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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L6 S$ 1,600.00 (6 days) Reduction: 65 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 07/02/2020 Confirm with OU WONG	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S$ 4922.00	(COLD CHANGED LANE)
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ 540.00 ($ 60 x 9 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: $350.00
Total:	S$ 5469.45 **Global Sum S$:** 5,300.00	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,300.00	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–