15/5/2010

INS. CASE OWNER: Stacy | CC 4 HGM /~~AXA~~1801 3920 / A 663 | LKK: IDAC:

ASSIGNMENT

Surveyor: ADRIAN | DOI: 31/07/18 | Date / Time : 27/7/18.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGB 6299Y.	Claim No. :	58MO0Q87 / 60433
Name of Insured :	TAN KIAN HING.	Policy No. :	QA1267501
Insured Tel No. :	HP: 98214979	Make / Model :	Toyota
Excess Sec II :S$	D.O.A : 27/7/18.	Place of Accident :	PIE
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**

GBF 2544D →

INSRS: WSP: Tel : Liability : RMKS: Chew motor	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
1/8/18	GBF2544D – X SGB6299Y – X
VIC	
	* SmartClaim.
	CAN DO DG
02/08/18 @ 4:35PM	- SPOKE TO OI. CONFIRMED ACCIDENT DETAILS IN REAR-ENDED TP. INFORMED TP CLAIM IN NCD ISSUES. OI AGREED TO SETTLE. OI GOT NO PHOTOS. SEND LETTER TO OI.
12/09/18	- UPLOAD IA MANDATE IN SMARTCLAIMS
	- ORIGINAL TP LOD IN.
	- FINALISED.
03/10/18	- SEEK MANDATE APPROVAL IN GC.
08/10/18	- AXA APPROVED MANDATE.
11/10/18	- SEND ACCEPTANCE EMAIL TO TP.
	- DV IN. 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:	02/08/18 - OK
After call ltr to OI:	02/08/18 - OK

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: L/S	S$ 2,500.00 (3 days)	Reduction: 68 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 11/10/18	Confirm with SWEY1	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia : CO1 REAR-ENDED TP)
Repair Cost:	S$ 2,500.00		
Loss of Rental (LOR):	S$ — (days)		
Loss of Use (LOU):	S$ 600.00 (S$ 150 x 4 days)		
Loss of Income (LOI):	S$ — (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: $350.00
Total:	S$ 3,107.45	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 3,107.45	Name 1: CHEW MOTOR PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3:	