15/5/2010

INS. CASE OWNER: Cynthia | CC 4 ASM ~~/AXA~~1801 5204 / TW 163 | LKK: IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 27/08/18 Date / Time : 27/8/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SGK 5371E	Claim No. :	S8MOOR1W / 64876
Name of Insured :	CHEW CHONG CHOON	Policy No. :	GA 057703
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A : 7/8/18	Place of Accident :	JURONG EAST ST 21
Is driver the owner? (YES / NO)	Nature of Accident :		
If **NO**, Driver Name / Age : ONG FOK WAH		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

SFT 6403X → → →

INSRS: WSP: LIM SIANG CHOW Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
27/8/18	SFT 6403X – X SGK 5371E – ✓
VIC	ASMAWATI HAIM
	– OD IS A FRIEND
	– FINALISED
31/08/18 @ 10:55AM	– SPOKE TO OI AGENT MS WENDY. SHE CONFIRMED ACCIDENT DETAILS AND OD REAR-ENDED TP. SHE CONFIRMED THAT OD WAS AUTHORISED BY OI TO DRIVE CAR. INFORMED TP CLAIM, AGREED TO SETTLE & ADVISE NCD ISSUES. SEND LETTER & EMAIL TO OI.
31/08/18	– UPLOADED IA IN GIAAUTOCLAIMS
	– TP LOD IN BY EMAIL
19/02/19	– SEEK MANDATE APPROVAL BY SC.
03/12/19	– AXA APPROVED MANDATE. SEND 1ST OFFER
06/12/19	– 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:	31/08/18 VIC
After call ltr to OI:	31/08/18 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: 31/08/18 Sent By: VIC

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ 4,800.00 (6 days)	Reduction: 66 %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/12/19	Confirm with SHAMANTHA	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (OD REAR-ENDED TP)
Repair Cost:	S$ 4,800.00		
Loss of Rental (LOR) (w/GST)	S$ 1,027.20 (8 days)	x $120	
Loss of Use (LOU):	S$ – (S$ x days)		
Loss of Income (LOI):	S$ – (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: $350.00
Total:	**S$** 5,827.20	**Global Sum S$:** 5,825.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 5,825.00	Name 1: LIM SIANG CHOW AUTO SERVICE	
Payee 2: (Strike if N.A.)	S$ =	Name 2: =	
Payee 3: (Strike if N.A.)	S$	Name 3:	