15/5/2010

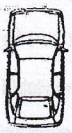
INS. CASE OWNER: RC | CCT HSM /AXA1801 8816, FHB3 | LKK: IDAC:

ASSIGNMENT

Surveyor: RSC DOI: 15/10/18. Date / Time : 16/10/18.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SJH 6612R. Claim No. : SSMO0440/75088

Name of Insured : SONG JINTIAN. Policy No. : 9A1137281

Insured Tel No. : HP: 96587497. Make / Model : SUBARU.

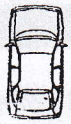
Excess Sec II :S$ D.O.A : 9/10/18. Place of Accident : INSIDE ESSO HOLLAND RD.

Is driver the owner? (YES / NO) Nature of Accident :

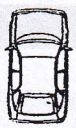
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SUM4477Z → → →



INSRS: UTC WSP: Tel : Liability : RMKS: DAMAGED



INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
19/11/18 JZ	SUM4477Z – X SJH 6612R – Y ★ Smart Claim. – CAN DO DS
20/11/18	– PHS REVIEWED. OI REPORTED HE REVERSED & HIT PARKED TP. SEND LETTER TO OI TO NOTIFY TP CLAIM. – EMAIL LIABILITY CLOSE. – MANDATED. – TP LOD IN BY EMAIL
29/11/18	– UPLOAD MANDATE IA
01/12/18	– AXA APPROVED MANDATE
07/12/18	– SEND ACCEPTANCE EMAIL TO TP.
12/12/18	– RECEIVED FN. 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:	
After call ltr to OI:	20/11/18 - 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: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: P/P S$ 2,085.65 (3 days) Reduction: 54 % Email [ ] Call [ ]

FINAL SETTLEMENT Date/Time: 12/12/18 Confirm with VERONICA Email [✓] Call [ ]

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia : COI HIT PARKED TP)
Repair Cost: CW/CASH	S$ 2,231.65	
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ 480.00 ($120 x 4 days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only [ ] LOU only [✓] LOR + LOU [ ] LOR + LO [ ] [Tick only one]		
GIA/LTA Search	S$ 2.00	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee: $350.00
Total:	S$ 2,713.65 **Global Sum S$:** –	

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 2,713.65	Name 1:	CITY AUTO PTE LTD
Payee 2: (Strike if N.A.)	S$ –	Name 2:	–
Payee 3: (Strike if N.A.)	S$ –	Name 3:	–