INS. CASE OWNER: **KC** | CC 4, ASM 180 19778, 19823 | **78196**
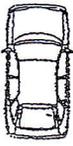
## ASSIGNMENT

Surveyor: **AMK** DOI: **29-10-18** Date / Time: **29-10-18**

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : **SKV 5124 Y**      Claim No. : **S8M010 Yu**

Name of Insured : **Poong Kuan Fong**      Policy No. : _____

Insured Tel No. : _____ HP: _____   Make / Model : _____

Excess Sec II :S$ _____ D.O.A : **28/10/18**   Place of Accident : **Sims Ave.**

Is driver the owner? ( YES / NO )   Nature of Accident : _____
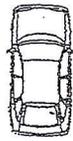
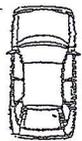If **NO**, Driver Name / Age : _____     OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

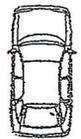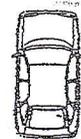Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ____ % Final ? Yes / No

**SHC 6042 D**

| | | | |
|---|---|---|---|
| INSRS: | INSRS: | INSRS: | INSRS: |
| WSP: | WSP: | WSP: | WSP: |
| Tel : **Premier** | Tel : | Tel : | Tel : |
| Liability : | Liability : | Liability : | Liability : |
| RMKS: | RMKS: | RMKS: | RMKS: |

| Date/ Time | | | STAGE | DATE / PIC |
|---|---|---|---|---|
| | SHC 6042D. - X ; SKV 5124 Y - X | | Non-Reporting ltr (1st): | 30.10.18 |
| 20/10 | OI/AR. sent out 1st letter. | | Non-Reporting ltr (2nd): | 20.11.18 |
| | | | Non-Reporting ltr (Final): | |
| | | | Notification ltr (if non-pickup): | |
| | | | Call OI: | |
| | OI REPORTED. | | After call ltr to OI: | |
| 13/6 | - F/up send to KC. KIV case. Under Investigation. | | 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 | ☐ ☐ |
| 29/4/2021 | - AXA instruct to submit WP & close the case at | | LTA / GIA : | ☐ ☐ |
| | our end. As they will direct liaise with TP | | Medical Bill: | ☐ ☐ |
| | in the matter. AXA's lawyer advice not to proceed | | PIR: | ☐ ☐ |
| | with any settlement at this moment. Submit | | Mandate/Reject Instruction: | ☐ ☐ |
| | WP. Admin to close. | | LOD | ☐ ☐ |
| | | | Payment Breakdown Form: | ☐ ☐ |

| PRELIMINARY ADVICE | Date/Time: | | Sent By: | | Post-Repair Photos: | ☐ ☐ |
|---|---|---|---|---|---|---|
| | | | | | Others: | ☐ ☐ |

| FINALIZATION | Date/Time: | | Confirm with: | Confirm by: | | |
|---|---|---|---|---|---|---|
| Repair Cost: **45** | S$ **500.00** | ( **2** days) Reduction: **$3162.40** % **86.** | | | Email ☐ | Call ☐ |

| FINAL SETTLEMENT | Date/Time: | Confirm with | | Email ☐ Call ☐ | |
|---|---|---|---|---|---|
| Final Liability: | % **100** | (Agreed / Assessed) BOLA S/N No. : **27.** | | If NO or B 28, Ass. Lia : | |
| Repair Cost: | S$ | | | | |
| Loss of Rental (LOR): | S$ | ( days) | | | |
| 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: **WP** | |
| Legal Cost | S$ | | | 3) Survey fee: **$250/-** | |
| Total: | S$ | Global Sum S$: | | | |

| FINAL PAYMENT | Date/Time: | | Confirm with: | Email ☐ Call ☐ | |
|---|---|---|---|---|---|
| Payee 1: | S$ | Name 1: | | | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | | | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | | | |