15/5/2010

INS. CASE OWNER: Cynthia | CC 4 /AXA1900 1447 / 4663 | LKK: IDAC:

ASSIGNMENT

Surveyor: UFS   DOI: 11/1/19   Date / Time : 11/1/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	XB 7686E	Claim No. :	SAM0135919482 7
Name of Insured :	YUN HANG TRANSPORT SERVICES	Policy No. :	C131414040604
Insured Tel No. :	HP:	Make / Model :	ISUZU.
Excess Sec II :S$	D.O.A : 18/1/19	Place of Accident :	47 JLN BUNUH
Is driver the owner? (YES / NO)	Nature of Accident :		
If NO, Driver Name / Age : HOW PHUAN YEW.		OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO	
Driver Tel No. :	(V/L: YES / NO)	Insured Liability : %	**Final ? Yes / No**

YP 3807P → → →

INSRS: WSP: Car city Auto. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	YP 3807P - 4 XB 7686E - 4
25/1/19 UIC	
	# SMARTCLAIM
	- CAN DO DO
	- FINALISED
	- TP LOD IN BY EMAIL
14/03/19 @ 9:36AM	- SPOKE TO OIG. HE CONFIRMED ACCIDENT DETAILS W/ HIS REVERSING WHEN HIT TP. INFORMED TP CLAIM, AGREED TO SETTLE W/ AWARE NCD ISSUES. SEND LETTER W/ EMAIL TO OI CO.
	- UPLOADED MANDATE IAIN SC.
18/03/19	- AXA APPROVED MANDATE.
16/04/19	- SEND ACCEPTANCE EMAIL TO TP
04/05/19	- DV IN. 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:	} 14/03/19 - UIC
After call ltr to OI:	

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$ 3836.12 (3 days) Reduction: 42 %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 04/05/19	Confirm with MR HO	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL		If NO or B 28, Ass. Lia : COD REVERSED)
Repair Cost: (W/GST)	S$ 4,104.65		
Loss of Rental (LOR) (W/GST)	S$ 856.00 (4 days) x $200.00		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search	S$ 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: $350.00
Total:	S$ 4,962.65	**Global Sum S$:** —	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,962.65	Name 1: CAR CITY AUTO CENTRE PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	