15/5/2010

INS. CASE OWNER: Lynn CC4 /AXA1900 N995, A863. LKK: IDAC:

Surveyor: Adrian

ASSIGNMENT

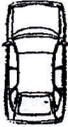DOI: 11/7/19   Date / Time: 17/7/19   h

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SJG 5167Y

Name of Insured : CHOO SOON CHONG

Insured Tel No. : _____   HP: _____

Excess Sec II :S$ _____   D.O.A.: 2/7/19

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

Claim No. : SQMO1079/97764

Policy No. : 6437A626-

Make / Model : TOYOTA

Place of Accident : SOUTH BRIDGE RD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : ____ %   **Final ? Yes / No**
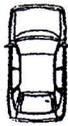
If **NO**, Driver Name / Age : _____

Driver Tel No. : _____   (V/L: YES / NO)

SJV 4973G →

INSRS: 96 Motorsport	INSRS:	INSRS:	INSRS:	INSRS:
WSP:	WSP:	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time				STAGE	DATE / PIC
	SJV 4973G-X	SJG 5167Y-X		Non-Reporting ltr (1st):	
				Non-Reporting ltr (2nd):	
				Non-Reporting ltr (Final):	
				Notification ltr (if non-pickup):	
	A Consult claim.			Call OI:	XLM 6/9/19
6/9/19	OID recorded TP.			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:	✓
5/01/2020	AXA APPROVED MANDATE.			Final Repair Bill:	✓
	SEND 1ST OFFER TO TP.			Car Rental Invoice:	
	TP ACCEPTED OFFER.			Towing Invoice:	
	ALL DOCS IN ORDER.			LTA / GIA:	✓
	TO CLOSE.			Medical Bill:	
				PIR:	
				Mandate/Reject Instruction:	✓
				LOD	✓
				Payment Breakdown Form:	

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

FINALIZATION	Date/Time:		Confirm with:		Confirm by:	

Repair Cost: S$ ___ (___ days) Reduction: ___ %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 5/01/20 Confirm with: SADO Email ☑ Call ☐

Final Liability:	% W	(Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28, Ass. Lia :
Repair Cost: CW(GST)	S$ 5,457.00		(OI REAR-ENDED TP)
Loss of Rental (LOR):	S$ 1,000.00 (10 days) X $100.00		
Loss of Use (LOU):	S$ — ($ x days)		
Loss of Income (LOI):	S$ — ($ x days)		
LOR only ✓ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ [Tick only one]			
GIA/LTA Search	S$ 36.45		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)		2) Report Format:
Legal Cost	S$ —		3) Survey fee: $360.00
Total:	S$ 6,493.45	**Global Sum S$:** —	

FINAL PAYMENT Date/Time: ___ Confirm with: ___ Email ☐ Call ☐

Payee 1:	S$ 6,493.45	Name 1:	96 MOTORSPORTS PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—