15/5/2010

INS. CASE OWNER: PLlew | CC 3 ABM /AXA1900 3181, KK63. | LKK: IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 19/8/19 P Date / Time : 19/8/19

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No.	: XD 9795A	Claim No.	: SAMOIENO / 99931
Name of Insured	: LHUAN UM CONSTRUCTION P/L	Policy No.	: GA403037.
Insured Tel No.	: HP:	Make / Model	: VOLVO.
Excess Sec II :S$	D.O.A : 18/8/19	Place of Accident :	EJE TWDS TWAS.

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

If NO, Driver Name / Age : AB AZIS BIN SHIMA ANDEEN.

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

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

Insured Liability : % Final ? Yes / No

XD 9795A → SHD 487M → GR 4888B →

INSRS: WSP: Tel : Liability : RMKS: 01	INSRS: trans WSP: Tel : Liability : Cab. RMKS: TP	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SHD487M-Y XD9795A-Y
	- TO GET OI DL & LOA
	# amwtellam.
25/4/19 @ 11.47am - Charles	- Spoke to OI (G. rep: Ms. Chong(ers)). Informed OI TP claim & NCD withheld. Requested OI DL & LOA. Sent e-mail.
11/12pm	— DS Sur

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	25/4/19 - Charles
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: Email ☑ Call ☐

Repair Cost: Repair Sum S$ 26600.00 (14 days) Reduction: 72 %

FINAL SETTLEMENT Date/Time: 11/12/2020 Confirm with Jasmine Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%. (3 VEH C.C; 01 LAST).
Repair Cost: VY 657	S$ 26750.00 (As per AXA Mandate)	
Loss of Rental (LOR):	S$ 1757.97 (17 days) X $103.41	
Loss of Use (LOU):	S$ — ($ — x — days)	
Loss of Income (LOI):	S$ 850.00 (S$ 50 x 17 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ [Tick only one]		
GIA/LTA Search	S$ 7.45	1) Claim status: (Normal)/Reject/Private Settle
Medical:	S$ —	2) Report Format: TP
Disbursement:	S$ — (e.g. Tow/ Independent)	3) Survey fee: $350.00
Legal Cost	S$ ∅	
Total:	S$ 29365.42 **Global Sum S$:** 30000.00 (As per AXA Mandate)	Email ☑ Call ☐

FINAL PAYMENT Date/Time: Confirm with:

Payee 1:	S$ 30000.00	Name 1: Trans-cab Auto Services Pte Ltd
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: