INS. CASE OWNER: Wang Peter | CC 4 / Asm 1900 4688 / Riha3 | LKK: IDAC: 103992

ASSIGNMENT

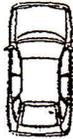**Surveyor:** Paul   **DOI:** 18/05/19   **Date / Time:** 14/3/2019

Registered in Merimen:

Pre-assign / CCU / FTE

GBC 9571 T

Insured Vehicle No. :   **Claim No.** : sgm 01 640

Name of Insured : HOCK SOON HUAT HARDWARE & Machinery Co.   **Policy No.** :

Insured Tel No. : 62950184   **HP:**   **Make / Model** :

Excess Sec II :S$ NIL   **D.O.A :** 11/8/2019   **Place of Accident** :

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. : 8693 4019   (V/L: (YES) / NO)   **Insured Liability :** ___ % **Final ? Yes / No**

SKW 9186 L →
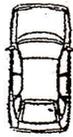
INSRS:	**INSRS:**	**INSRS:**	**INSRS:**	**INSRS:**
WSP: EuroKars Habitat.	**WSP:**	**WSP:**	**WSP:**	**WSP:**
Tel :	**Tel :**	**Tel :**	**Tel :**	**Tel :**
Liability :	**Liability :**	**Liability :**	**Liability :**	**Liability :**
RMKS:	**RMKS:**	**RMKS:**	**RMKS:**	**RMKS:**
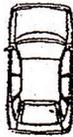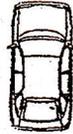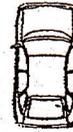
Date/ Time		STAGE	DATE / PIC
19/3 UC	SKW 9186 L - X ; GBC 9571 T - X	Non-Reporting ltr (1st):	16/05/19
18/3	OI MR. Sort out 1st letter	Non-Reporting ltr (2nd):	
	- OI GIA REPORT IN.	Non-Reporting ltr (Final):	
28/05/19 @ 11:56AM	- CALL OWD. NO RESPONSE. CALL OID OFFICE.	Notification ltr (if non-pickup):	
	- SPOKE TO PIC MR. WEI JEE. HE CONFIRMED	Call OI:	
	ACCIDENT DETAILS 4 OWD REAR-ENDED TP.	After call ltr to OI:	28/05/19 - UC
	INFORMED TP CLAIM, AGREED TO SETTLE	**Documentation Check List:**	**Handler Typist**
	4 AWARE NCD ISSUES. SEND LETTER 4	Notification ltr (if non-pickup)	
	EMAIL TO OI.	After call ltr to OI:	✓
	- EMAIL LIABILITY CLEAR	Authorisation To Act:	✓
	- FINALISED.	Release Voucher:	✓
29/04/19	- UPLOAD MANDATE 4 IN OC.	Final Repair Bill:	
	- TP LOB IN BY EMAIL	Car Rental Invoice:	
	- AXA APPROVED MANDATE	Towing Invoice	
29/05/19	- SEND 1ST OFFER TO TP	LTA / GIA :	✓
	- TP ACCEPTED OFFER.	Medical Bill:	
	- ALL DOCS IN ORDER.	PIR:	
	- TO CLOSE.	Mandate/Reject Instruction:	✓
		LOD	✓

PRELIMINARY ADVICE Date/Time: ___ Sent By: ___ | Payment Breakdown Form: |
| | Post-Repair Photos: | ✓ |
| | Others: | |

FINALIZATION Date/Time: ___ Confirm with: ___ Confirm by: ___

Repair Cost: PIP S$ 3,634.67 (3) days) Reduction: 40 %   Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 29/05/19 Confirm with: SBN Confirm by: Email ✓ Call ☐

Final Liability: % 100 ((Agreed)/ Assessed) BOLA S/N No. : 27   If NO or B 28, Ass. Lia :

Repair Cost: (w/GST) S$ 3,675.10   COIP REAR-ENDED TP

Loss of Rental (LOR): S$ — (___ days)

Loss of Use (LOU): S$ 300.00 $60 x 5 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$ 3,977.10   **Global Sum S$:** —

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

Payee 1:	S$ 3,977.10	**Name 1:**	EUROKARS HABITAT PTE LTD
Payee 2: (Strike if N.A.)	S$ —	**Name 2:**	—
Payee 3: (Strike if N.A.)	S$ —	**Name 3:**	—