93

INS CASE OWNER: winnie | CC4 /AXA1900 4444, A ~~A~~ 63 | LKK: IDAC:

ASSIGNMENT

Surveyor: Adrian | DOI: 19/2/2019 | Date / Time: 19/2/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. : SLN 1923P

Name of Insured : RISHI DINGLEN.

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 15/3/19.

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

Claim No. : 5AM01H8X / 04864

Policy No. : VA1/GA 3424357.

Make / Model : Toyota

Place of Accident : UPP SERANGOON RD

If NO, Driver Name / Age :

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

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

Insured Liability : % Final ? Yes / No

GQ 5859J → → →

INSRS:	INSRS:	INSRS:	INSRS:
WSP: MG	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability : Solution	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	
	GQ 5859J – X SLN 1923P – Y
	* Smart claim.
12/4/2019	Spoke to OI (Mr Rishi), confirmed BOLA 27, informed TP claim and MOD issue. OI agree to settle and once MOD will be collected. Send letter to OI
21/01/2020	- ~~REPAIR~~ MANDATE TO AXA - ~~AXA~~ MANDATE LOU. - ~~MANDATE OFFER TO TP~~
15/1/2020	policy signed Dr. settled & closed.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	17/4/2019

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: 12/4/2019 Sent By: CPIC

FINALIZATION Date/Time: Confirm with: Confirm by: Email [ ] Call [ ]

Repair Cost: 45 S$ 4,500.00 (6. days) Reduction: 46.55 %

FINAL SETTLEMENT Date/Time: 15/06/2020 Confirm with MS Wong Email [X] Call [ ]

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27
Repair Cost: (w/gst)	S$ 4,815.00	
Loss of Rental (LOR):	S$ —	(days)
Loss of Use (LOU):	S$ 560.00	(S 80 x 7 days)
Loss of Income (LOI):	S$ —	(S x days)
LOR only [ ] LOU only [X]	LOR + LOU [ ]	LOR + LO [ ] [Tick only one]
GIA/LTA/Search	S$ 7.45	
Medical:	S$ —	
Disbursement:	S$ —	(e.g. Tow/ Independent)
Legal Cost	S$ —	
Total:	S$ 5,382.45	**Global Sum S$:** 5,350.00

If NO or B 28, Ass. Lia : Front to rear collided into TP

1) Claim status: Normal / Reject/Private Settle

2) Report Format: TP

3) Survey fee: $ 350.00

FINAL PAYMENT Date/Time: Confirm with: Email [ ] Call [ ]

Payee 1:	S$ 5,350.00	Name 1:	MG SOLUTION PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2:	—
Payee 3: (Strike if N.A.)	S$ —	Name 3:	—

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