15/5/2010

INS. CASE OWNER: YVONNE | CC 4 A&M /~~AXA~~1900 5473 / B ~~8~~ 9 643 h | LKK: IDAC:

ASSIGNMENT

Surveyor: Mr Lim. DOI: 23/03/19 Date / Time: 24/5/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLP 4343H	Claim No. :	S9M0J178/106529
Name of Insured :	YU CHEN FAT	Policy No. :	GA208021
Insured Tel No. :	HP:	Make / Model :	MERCEDES.
Excess Sec II :S$	D.O.A : 26/3/19.	Place of Accident :	AMK AVE 5
Is driver the owner? (YES / NO)	Nature of Accident :		

If **NO**, Driver Name / Age : WU SOK HUANG

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

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

Insured Liability : % **Final ? Yes / No**

SGM4983K → → →

INSRS: WSP: Antoworkz Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
	SGM4983K – Y
	*Symantec/Aim.
	– OI WAP
23/4	– call OI, aware of TP claim, agreed to settle & aware NCD issue. Send LOI
	– TP LOD IN BY EMAIL
26/11/19	– UPLOAD MANDATE IA IN OC
27/11/19	– AXA APPROVED MANDATE
	– SEND 1ST OFFER TO TP.
10/12/19	– TP ACCEPTED OFFER.
	– ALL DOCS IN ORDER
	– TO CLOSE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	CPL
After call ltr to OI:	23/4/19.

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:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 10/12/19	Confirm with MS LEE	Email ✓ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 3,950.00		OI cut into TP lane.
Loss of Rental (LOR/ (WKG))	S$ 642.00 (6 days) X $100.00		
Loss of Use (LOU):	S$ – (S x days)		
Loss of Income (LOI):	S$ – (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: $350.00
Total:	S$ 4,594.00	**Global Sum S$:** 4,590.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 4,590.00	Name 1: AUTOWORX HOUSE	
Payee 2: (Strike if N.A.)	S$ –	Name 2: –	
Payee 3: (Strike if N.A.)	S$ –	Name 3: –	