kg a3n2-1

1505/3.10

INS CASE OWNER: ~~Rose May~~ Stacey | CC3 /AXA140 1944 8 / K2 ~~n2~~ 3 n2 | LKK: IDAC:

ASSIGNMENT

Surveyor: Kenneth   DOI: 13/10/14 (2/11/15)   Assg Date: 13/10/14

Pre-assign / CCU / FTE

Insured Vehicle No.: SKH 6007 U   Claim No.: C0319003

Name of Insured: Ng Ai Leng   Policy No.: P1332 MS

Insured Tel No.:   HP: Make / Model: Volkswagen

Excess Sec II :S$ D.O.A.: 12/10/14   Place of Accident: Along Orchard Rd On the Left Most lane

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

If NO, Driver Name / Age: Wong Yung Zhi Jonathan   OI GIA REPORT: (YES) / NO ; TP GIA REPORT: (YES) / NO

Driver Tel No.: 81306450   (V/L: (YES) / NO Insured Liability: % Final ? Yes / No

SHF 511R →	→	→	→
INSRS:	INSRS:	INSRS:	INSRS:
WSP: Trans Cab	WSP:	WSP:	WSP:
Tel.:	Tel:	Tel:	Tel:
Liability:	Liability:	Liability:	Liability:
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	FOR CSO ONLY:
10/11/14 Zayyer	Is driver the owner? (YES / NO) If NO, Driver Name / Age: Driver's Own Vehicle Number: Insurance Company:
	SHF 511 R - X SKH 6007 U - X
10/2/15 3:33	called OI D. spoke to Mr Wong - Inform about the claim. Confirm the accident. OID rear ended TP. Agreed to settle the claim and once of NCD will be affected.
	letter out.
27/10/15	Email to AXA. Inform them we submit wip. See attached email.
12/7/19	Sent mandate (pending approval) approved
2/8/19	offer $6302.10 as per TP WD, DV send (pending DV in).
27/8	DV in file pass Admin to close.

STAGE	DATE / PIC
Finalisation:	
Email AIG for OI GIA:	
Apt letter to OI:	
Call OI:	11/2/15 Zayyer
After call ltr to OI:	
Type Report:	
Prepare Invoice:	KC 11/2/15
Others:	

Documentation Check List:	Handler	Typist
OI Apt Ltr:	☒	☐
Authorisation To Act:	☒	☐
Release Voucher:	☒	☐
Final Repair Bill:	☒	☐
Car Rental Invoice:	☒	☐
LTA / GIA:	☒	☐
Medical Bill:	☒	☐
Approval Email:	☒	☐
Payment Breakdown Form:	☒	☐
Others:	☒	☐

COPY SENT 28/8/19

COPY SENT 28/10/15

FINAL SETTLEMENT   Date: 26/8/19 2:50pm   Confirm with ~~Jeanne~~ Calvin

Repair Cost: S$ 5561.10   Final Liability 100 % (Agreed / Assessed)   BOLA S/N No.:

Loss of Rental: S$ 535.00 (4 days) x $133.75   If NO or B 28, Ass. Lia

Loss of Income S$ 200.00 (S$ 50 x 4 days)   Format Type: ~~b4p~~ TP ~~ded not admit~~

LTA search $6.00

Total $6302.10 ~~S$ $6300.00~~.

Survey fee: $350/- $250.

"$6,302.10 - TRANS-CAB AUTO SERVICES PTE LTD"