INS. CASE OWNER: CC 6 / 111 1900 7957 / Area3 | LKK: | IDAC:

ASSIGNMENT

Surveyor: Lwp DOI: 3/5/19 Date / Time : 3/5/19

Registered in Merimen: 6/5/19

Pre-assign / CCU / FTE

Insured Vehicle No. : SKZ 2759P

Name of Insured : TAN KIM KEE

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 11/4/19

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

If NO, Driver Name / Age :

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

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

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

Insured Liability : % Final ? Yes / No

YM 1228 P → → →

INSRS: WSP: Tha Meng Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	YM1228P } - CCU/AXA/170100581/AP63 : DOA: 18/5/19 SKZ 2759P } MA/CU/19T06581/24 : DOA: 11/4/19
21.05.19	SEEK MANDATE FOR LIABILITY.
	MANDATE APPROVE. LIABILITY.
5/1/2021	- PLS SEE MEMS for details.

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:	

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: L/Sum S$ 1600.00 (3 days) Reduction: 53 % Email Call

FINAL SETTLEMENT Date/Time: 5/1/2021 Confirm with Jing Yee Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 24 If NO or B 28, Ass. Lia :

OI REVERSED OUT FROM PARKING LOT HIT TP.

Repair Cost:	S$ 1600.00	
Loss of Rental (LOR):	S$ – (days)	
Loss of Use (LOU):	S$ 300.00 ($100 x 3 days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ 7.45	
Medical:	S$ –	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$.	3) Survey fee: ~~$ 85~~ 350.00
Total:	S$ 1907.45 Global Sum S$: 1900.00	

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1:	S$ 1900.00	Name 1:	Tha Meng Spray Painting Workshop
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	