15/5/2010

INS. CASE OWNER: KC | CC4 /ASM ~~AXA~~1901 0757 / BW63 | LKK: IDAC:

ASSIGNMENT

Surveyor: MR LIM DOI: 18/06/19 Date / Time : 18/6/19

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SLQ 4086U	Claim No. :	S9MOTHM2/ 121837
Name of Insured :	THAN SHIN KIONG TEOKY	Policy No. :	GHVC065611
Insured Tel No. :	HP:	Make / Model :	HONDA
Excess Sec II :S$	D.O.A : 22/7/19.	Place of Accident :	CTE TO PIE

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

SLU 8753E → → →

INSRS: WSP: Team Autopro Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SLU 8753E – X SLQ 4086U – X
20/6/19	Called OZD to inform TP claim
	– TP LOD IN BY EMAIL
28/11/19	– UPLOAD MANDATE IA IN GC
28/11/19	– AXA GIVE MANDATE. LOR @ $120/7 DAYS.
04/12/19	– SEND 1ST OFFER TO TP.
09/03/2020	– 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:	
After call ltr to OI:	20/06/19 – SIWWY

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: LG S$ 51000.00 (7 days) Reduction: AA % Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time: 09/03/20 Confirm with ADEL	Email [✓] Call [ ]
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia : (O1 REAR-ENDED TP)
Repair Cost:	S$ 5,000.00	
Loss of Rental (LOR):	S$ 840.00 (7 days) x $120	
Loss of Use (LOU):	S$ – ($ x days)	
Loss of Income (LOI):	S$ – ($ x days)	
LOR only [✓] LOU only [ ]	LOR + LOU [ ] LOR + LOI [ ] **[Tick only one]**	
GIA/LTA Search	S$ 22.45	
Medical:	S$ –	1) Claim status: (Normal)/Reject/Private Settle
Disbursement:	S$ – (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –	3) Survey fee: $350.00
Total:	**S$** 5,862.45 **Global Sum S$:** 5,860.00	
FINAL PAYMENT	Date/Time: Confirm with:	Email [ ] Call [ ]
Payee 1:	S$ 5,860.00	Name 1: TEAM AUTOPRO PTE LTD
Payee 2: (Strike if N.A.)	S$ —	Name 2: —
Payee 3: (Strike if N.A.)	S$ —	Name 3: —