15/5/2010

INS. CASE OWNER: Jns | CC 3 ASM /~~AXA~~1901 7045 / Kyh

LKK:
IDAC:

ASSIGNMENT

Surveyor: Kenneth. DOI: 27/7/19. Date / Time: 23/7/19.

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No. :	SMH 6173E	Claim No. :	S9M07... / 176718.
Name of Insured :	HO YAT WAI	Policy No. :	VPA/P7240338.
Insured Tel No. :	HP:	Make / Model :	TOYOTA
Excess Sec II :S$	D.O.A: 20/7/19.	Place of Accident :	AMK AVE 2.

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

If **NO**, Driver Name / Age : HO MOON LOK

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

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

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

SMB 9973C →

INSRS: WSP: Trans cab. Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	
	SMB9973C – 117/EQ/19/004438 (...)
	SMH 6173E – X
31/7/19	Confirm accident details. letter end out
	-ORIGINAL TP LOD IN.
22/11/19	- UPLOADED MANDATE IA IN 9C.
25/11/19	- AXA APPROVED MANDATE.
27/11/19	- SEND 1ST OFFER TO TP.
17/12/19	- 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:	31/7/19
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:	S$ (days) Reduction: %		Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 17/12/19	Confirm with WAI YIN	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 15		If NO or B 28, Ass. Lia : (OID CHANGED LANE)
Repair Cost: (w/GST)	S$ 1,391.00		
Loss of Rental (LOR):	S$ 81.13 (1 days) x $81.13		
Loss of Use (LOU):	S$ — (S$ x days)		
Loss of Income (LOI):	S$ 50.00 (S$ 50 x 1 days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ **[Tick only one]**		
GIA/LTA Search	S$ 7.49		
Medical:	S$ —		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ —	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ —		3) Survey fee: $350.00
Total:	S$ 1,529.62	**Global Sum S$:** 1,520.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$ 1,520.00	Name 1: TRANS-CAB AUTO SERVICES PTE LTD	
Payee 2: (Strike if N.A.)	S$ —	Name 2: —	
Payee 3: (Strike if N.A.)	S$ —	Name 3: —	