15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444 | CC4/ASM19018066/R1ga3 | LKK: IDAC: 141679

ASSIGNMENT

Surveyor: RASUL DOI: 14/10/2019 Date / Time : 14/10/2019

Registered in Merimen: ——

Pre-assign / CCU / FTE

Insured Vehicle No. : GBE 1615U Claim No. : S9M0226Z

Name of Insured : TAY ENG CHUAN GENERAL CONTRACTOR PTE LTD Policy No. : P1834717

Insured Tel No. : ——— HP: ——— Make / Model : TOYOTA DYNA 150-3.0 D (M)

Excess Sec II :S$ ——— D.O.A : 30/09/2019 08:40 Place of Accident : IN FRONT OF BLK 7 HOUGANG AVE 3

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

If **NO**, Driver Name / Age : TAY ENG CHUAN OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-98155060 (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

FBP 802U → ——— → ——— → ———

INSRS:	INSRS:	INSRS:	INSRS:
WSP: Southern Motor	WSP:	WSP:	WSP:
Tel :	Tel :	Tel :	Tel :
Liability :	Liability :	Liability :	Liability :
RMKS:	RMKS:	RMKS:	RMKS:

Date/ Time	FBP 802U - X GBE 1615U - X

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/S	S$6600.00 (4 days) Reduction: 2364.20 % 26		Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time: 08/05/2020	Confirm with MINYT	Email ☑ Call ☐
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 31a		If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6000.00	AXA'S INSTRUCTION)	
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ 80.00 ($ 20 x 4 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑ LOR + LOU ☐ LOR + LOI ☐ [**Tick only one**]			
GIA/LTA Search	S$		
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: $350.00
Total:	S$ 6080.00	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 6080.00	Name 1: SOUTHERN MOTOR	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	