15/5/2020

INS. CASE OWNER: ANG Richard 6880 5450 | CC4/ASM20002046/ A ga3 | LKK: IDAC: 159255

ASSIGNMENT

Surveyor: WP | DOI: ~~10/1/2020~~ | Date / Time : 05/02/2020 | Registered in Merimen: —

Pre-assign / CCU / FTE x

Insured Vehicle No. : PC 1730P | Claim No. : S0M02EM7

Name of Insured : MEGA TOURS PTE.LTD | Policy No. : GA449683

Insured Tel No. : | HP: | Make / Model : TOYOTA HIACE-2.0 (M)

Excess Sec II :S$ | D.O.A : 23/01/2020 23:30 | Place of Accident : TOWNSHEND ROAD TOWARDS SYEDALWI ~~ROAD~~

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

If NO, Driver Name / Age : RAJARAMAN VINOTHKUMAR | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : +65-91012868 (V/L: YES / NO) | Insured Liability : % **Final ? Yes / No**

SKM 909E → ____ → ____ → ____

INSRS: WSP: NEW HOCK Tel : TECK Liability : RMKS:

INSRS: WSP: Tel : Liability : RMKS:

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Date/ Time	
	SKM 909E - X PC 1730P - CC3/CTI18017174/Upb3q2; DOA: 18.09.18 - CS3/CTI18007416/Gz4bs2; DOA: 17.04.18 - CS3/EQI18005018/Bz4d3e2; DOA: 27.02.18 - CC3/EQI17013843/M1ub3q2; DOA: 13.07.17 - CS/FCI17014002/Atbn2; DOA: 13.07.17
19/2 11.11am	spoke to OI. OI mention no damage on hill car. not admit the fault - given enforcapp number to him. for now just send letter informing
25/2	Req App from TP.
26/2	- TP NO APP, only ASP. - Pending OI evidence.
2/4	- 2nd reminder email → OI.
19/11/2020	AXA (Richard) call in to inform that they will take over this case & instruct to submit WP.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	19/11/2020
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: 45 S$ 6600.00 (3 days) Reduction: 7590.40 % 53 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: Confirm with Email ☐ Call ☐

Final Liability:	% 50 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$	
Loss of Rental (LOR):	S$ (days)	* conflicting versions*
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$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$	3) Survey fee: $250/-
Total:	**S$** **Global Sum S$:**	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	