

INS. CASE OWNER:

JOSEY LOH

CC4/FWD20002127/Axa3

LKK:

IDAC:

## ASSIGNMENT

Surveyor:

ADRIAN

DOI: 24/02/2020

Date / Time : 06/02/2020

Registered in Merimen: 06/02/2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SLZ 8076A

Claim No. :

Name of Insured :

Policy No. : PNPV2019-00005121

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :S\$

D.O.A : 05/02/2020 09:15

Place of Accident : CROSS STREET

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

SLD 7294J



INSRS:

WSP: N-51

Tel :

Liability :

RMKS:

AUTOMOTIVE



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/Time	SLD 7294J - X	SLZ 8076A - 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)	<input type="checkbox"/>
			After call ltr to OI:	<input checked="" type="checkbox"/>
			Authorisation To Act:	<input checked="" type="checkbox"/>
			Release Voucher:	<input checked="" type="checkbox"/>
			Final Repair Bill:	<input checked="" type="checkbox"/>
			Car Rental Invoice:	<input checked="" type="checkbox"/>
			Towing Invoice	<input type="checkbox"/>
			LTA / GIA :	<input checked="" type="checkbox"/>
			Medical Bill:	<input type="checkbox"/>
			PIR:	<input type="checkbox"/>
			Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
			LOD	<input checked="" type="checkbox"/>
			Payment Breakdown Form:	<input type="checkbox"/>
			Post-Repair Photos:	<input type="checkbox"/>
			Others:	<input type="checkbox"/>

16/11/2020

SETTLED AND CLOSED / FILE IN DRAWER

<b>PRELIMINARY ADVICE</b>		Date/Time:	Sent By:	Confirm by:
<b>FINALIZATION</b>		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	L/S	S\$ 4,300.00	( 6 days) Reduction: 50.8 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>		Date/Time: 11/11/2020	Confirm with: MELODY	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (W/GST)	S\$	4,601.00		
Loss of Rental (LOR):	S\$	304.75	( 5 days) X \$60.95	
Loss of Use (LOU):	S\$		( \$ x days)	
Loss of Income (LOI):	S\$		( \$ x days)	
LOR only <input checked="" type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$	7.45		
Medical:	S\$			
Disbursement:	S\$		(e.g. Tow/ Independent )	
Legal Cost	S\$			
<b>Total:</b>	S\$	4,913.20	<b>Global Sum S\$: 4,800.00</b>	
<b>FINAL PAYMENT</b>		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	S\$	4,800.00	Name 1: N-51 AUTOMOTIVE PTE LTD	
Payee 2: (Strike if N.A.)	S\$		Name 2:	
Payee 3: (Strike if N.A.)	S\$		Name 3:	

OID rear-ended TP

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

\$500.00