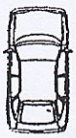
15/5/2010 | INS. CASE OWNER: WANG Peter 6880 4393 | CC4/ASM20002373/ Kpa3 | LKK: IDAC: 160109

ASSIGNMENT

Surveyor: Kenneth | DOI: 14/2/2020 | Date / Time: 11.02.2020 | Registered in Merimen: —

Pre-assign / CCU / FTE ×



Insured Vehicle No. : YM 862P | Claim No. : S0M02FZ5

Name of Insured : JIN QUAN ENGINEERING PTE. LTD. | Policy No. : P1564959

Insured Tel No. : | HP: 68616672 | Make / Model : ISUZU NPR71LU5GT

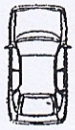
Excess Sec II :S$ $1,000.00 | D.O.A : 06/02/2020 13:45 | Place of Accident : MARGARET DRIVE

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

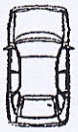
If **NO**, Driver Name / Age : | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

SJX 5416G → ____ → ____ → ____



INSRS:
WSP: Wei Lee
Tel : Motor Works
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJX 5416G - X YM 862P - X
	OINR. To send out first letter. File pass to Su Li.
	Last email to TP on 4/11/2020
1/4/2021	- No response from TP till date.
	- Submit up to Axa

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$ 1700.00 (4 days) Reduction: 38 % Email ☐ Call ☐

FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
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 (up)
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$		3) Survey fee: #250.00.
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:	