15/5/2010

INS. CASE OWNER: CHAN Kian Chuan 68805444

CC4/ASM20002801/R pa3

LKK: IDAC: 161034

ASSIGNMENT

Surveyor: RAzul

DOI: 20/02/2020

Date / Time : 18/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE

Insured Vehicle No. : SGP 9109U

Name of Insured : SITI FATIMAH BINTE MUBARAK

Insured Tel No. : _____ HP: _____

Excess Sec II :S$ _____ D.O.A : 14/02/2020 05:30

Is driver the owner? (YES / NO)

If NO, Driver Name / Age : BUANG BIN SANTHIO

Driver Tel No. : +65-91835021 (V/L: YES / NO)

Claim No. : S0M02GIP

Policy No. : GA518028

Make / Model : _____

Place of Accident : BLK 751 PASIR RIS STREET 71 CARPARK

Nature of Accident : _____

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

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

SLV 8595P → _____ → _____ → _____

INSRS: MTM Performance Auto Pte Ltd
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLV 8595P - X SGP 9109U - CA/AIG09025292/w1 ; DOA : 10.11.09 CC6/AIG09025980/Aph ; DOA : 10.11.09
07/05/2020	Pls refer to Views for details.

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/sum S$ 10,500.00 (12 days) Reduction: 59 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 07/05/2020 Confirm with Erwin Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 10,000.00 (as per AXA mandate)	
Loss of Rental (LOR):	S$ 1,200.00 (12 days) x $100.00	
Loss of Use (LOU):	S$ ($ 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/[redacted]
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $350.00
Total:	S$ 11,200.00 **Global Sum S$:** 11,200.00	

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

Payee 1:	S$ 11,200.00	Name 1:	MTM PERFORMANCE AUTO PTE. LTD.
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	