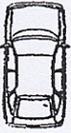| INS. CASE OWNER:	TEO Kitty 6568804602	CC4/ASM20003283/Hpa3	LKK:	
			IDAC:	162206

ASSIGNMENT

Surveyor: _Lee Hock Ann_

DOI: 27/02/2020   Date / Time : 27/02/2020

Registered in Merimen: —

Pre-assign / CCU / FTE   ✗

Insured Vehicle No.	: SMF 8464G	Claim No.	: S0M02HE9
Name of Insured	: PHANG TEE AN	Policy No.	: GA508490
Insured Tel No.	: ___ HP: ___	Make / Model :	MERCEDES-BENZ E200 (R17)-2.0 (A)
Excess Sec II :S$	D.O.A : 24/02/2020 15:00	Place of Accident :	ALONG BRICKLAND RD

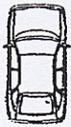Is driver the owner?   (YES / **NO**)   Nature of Accident :

If NO, Driver Name / Age : PHANG WEI ZHAN

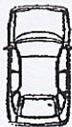OI GIA REPORT: **YES**/ NO ; TP GIA REPORT: **YES** / NO

Driver Tel No. : +65-91792636   (V/L: YES / NO)   Insured Liability : ___ %   **Final ? Yes / No**
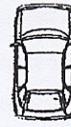
SKD 278P ➝ ➝ ➝ ➝

INSRS: WSP: SPEED AUTO WORKS Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time	SKD 278P - X	SMF 8464G - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
28/2/2020	AXA ✓ DS.		Non-Reporting ltr (Final):	
ng/3/20	- pending LOD.		Notification ltr (if non-pickup):	
			Call OI:	(Document)
			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: ___

		Email ☐ Call ☐
Repair Cost: 4 sum	S$ 8500-00 (10 days) Reduction: 67 %	

FINAL SETTLEMENT Date/Time: 18/9/2020 Confirm with: Huey Lee   Email ✓ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: WGST	S$ 9095-00	
Loss of Rental (LOR) WGST	S$ 1177-00 (11 days) ✗ $100.00	
Loss of Use (LOU):	S$ — ($ 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/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format: ___
Legal Cost	S$ —	3) Survey fee: $ 350 W
Total:	S$ 10272-00 **Global Sum S$:**	

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

Payee 1:	S$ 102272.00	Name 1: Speed Auto Works
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: