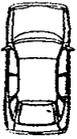| INS. CASE OWNER:	ANG Yvonne 6568804461	CC4/ASM20005037/Kba3	LKK: IDAC: 167280

ASSIGNMENT

Surveyor: **KENNETH**   DOI: 07/04/2020   Date / Time: 07/04/2020

Registered in Merimen: _____
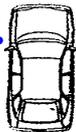
Pre-assign / CCU / FTE   *VIRTUAL ACC*

Insured Vehicle No. : **XD 6927G**   Claim No. : **S0M02KR1**

Name of Insured : **TONG HENG MOTOR WORK**   Policy No. : **GA376451**

Insured Tel No. : _____ HP: _____   Make / Model : **ISUZU CYZ52K-15.7 D (M)**

Excess Sec II :S$ _____   D.O.A : 02/04/2020   Place of Accident : **ALONG FORT RD**

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

If **NO**, Driver Name / Age : **WONG THIAM FATT**   OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____ (V/L: YES / NO)   Insured Liability : ____ %   **Final ? Yes / No**
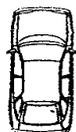
SML 4612R ⟶ _____ ⟶ _____ _____ ⟶ _____
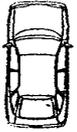
INSRS: WSP: LEE LUEW SING MOTORS Tel : Liability : ACCIDENT ASSIST SG RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:	INSRS: WSP: Tel : Liability : RMKS:

Date/ Time		STAGE	DATE / PIC
	SML 4612R - NBA/CTI20004936/Y 02/04/2020	Non-Reporting ltr (1st):	
	XD 6927G - NA/DAI18011147/z4 18/06/2018	Non-Reporting ltr (2nd):	
	NBA/CTI20004936/Y 02/04/2020	Non-Reporting ltr (Final):	
	*** VIRTUAL ACC - DO NOT CONTACT OI ***	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:	✓ ☐
11/01/2020	**AXA INSTRUCTIONS TO REDUCE COR FROM $21,000.00 TO $18,000.00**	Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
	SETTLED AND CLOSED / NO PHY FILE	LTA / GIA :	✓ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
	NO LOI/EMAIL TO OI	Mandate/Reject Instruction:	✓ ☐
		LOD	✓ ☐
		Payment Breakdown Form:	☐ ☐

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____	Post-Repair Photos:	☐ ☐
	Others:	☐ ☐

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____

Repair Cost: **L/S** S$ **21,000.00** (**8** days) Reduction: **66.53** % — Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/01/2020 Confirm with **RAY** Email ✓ Call ☐

Final Liability:	% **100** (Agreed / Assessed) BOLA S/N No. : **15**	If NO or B 28, Ass. Lia :
Repair Cost:	S$ **18,000.00**	
Loss of Rental (LOR):	S$ (days)	**OID CHANGED LANE**
Loss of Use (LOU):	S$ **2,200.00** ($ **220** x **10** days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ✓ LOR + LOU ☐ LOR + LOI ☐ **[Tick only one]**		
GIA/LTA Search	S$ **7.45**	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: **TP**
Legal Cost	S$	3) Survey fee: **$350.00**
Total:	S$ **20,207.45** Global Sum S$: **20,200.00**	

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

Payee 1:	S$ **20,200.00**	Name 1: **ACCIDENT ASSIST SG**
Payee 2: (Strike if N.A.)	S$	Name 2:
Payee 3: (Strike if N.A.)	S$	Name 3: