

INS. CASE OWNER: KHOR Saw Theng

CC 4 /ASM 2000 7842 / Kps3

LKK:  
IDAC: 175764

## ASSIGNMENT

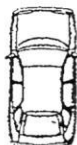
Surveyor: Kenneth

DOI: 29/07/2020

Date / Time : 29/07/2020

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : FV 7676S

Claim No. : —

Name of Insured : AHMAD DANI B MOKHTAR

Policy No. : —

Insured Tel No. : — HP: —

Make / Model : —

Excess Sec II : S\$ — D.O.A : 25/07/2020

Place of Accident : —

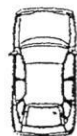
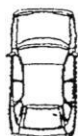
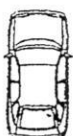
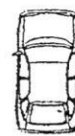
Is driver the owner? ( ☒ YES / NO ) Nature of Accident : —

If NO, Driver Name / Age : —

OI GIA REPORT: ☒ YES / NO ; TP GIA REPORT: ☒ YES / NODriver Tel No. : — (V/L ☒ YES / NO )

Insured Liability : % Final ? Yes / No

SGU 4436G

INSRS:  
WSP: KUM CHEW  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date / Time	SGU 4436G : X ; FV 7676S : 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"/> <input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		Towing Invoice	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
10/01/2021	Pls refer to Views for details.		
<b>PRELIMINARY ADVICE</b> Date/Time: Sent By:			
<b>FINALIZATION</b> Date/Time: Confirm with: Confirm by:			
Repair Cost: L/sum S\$ 2,450.00 ( 4 days) Reduction: 55 % Email <input type="checkbox"/> Call <input type="checkbox"/>			
<b>FINAL SETTLEMENT</b> Date/Time: 10/01/2021 Confirm with: Sophia Email <input type="checkbox"/> Call <input type="checkbox"/>			
Final Liability: % 80 (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :			
Repair Cost: w/GST 2,621.50 S\$ 2,097.20			
Loss of Rental (LOR): S\$ ( days)			
Loss of Use (LOU) 630.00 S\$ 504.00 (\$ 90 x 7 days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only <input 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\$			
Total: S\$ 2,608.65 Global Sum S\$: 2,800.00 (as per AXA mandate)			
<b>FINAL PAYMENT</b> Date/Time: Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>			
Payee 1: S\$ 2,800.00 Name 1: KUM CHEW MOTOR WORKSHOP			
Payee 2: (Strike if N.A.) S\$ Name 2:			
Payee 3: (Strike if N.A.) S\$ Name 3:			