15/5/2010

INS. CASE OWNER: LOH Cynthia 6568804843

CC4/ASM20011478/Aga3

LKK:

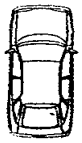
IDAC: 185139

ASSIGNMENT

Surveyor: LWP DOI: 23/10/2020 Date / Time : 22/10/2020

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMU 2261K

Name of Insured : CHOO YIH SHIN JEREMIAH

Insured Tel No. : HP:

Excess Sec II :S$

Is driver the owner? (YES / NO)

If **NO**, Driver Name / Age : TEOH ZHI KAI,ALOYSIOUS

Driver Tel No. : (V/L: YES / NO)

Claim No. : S0M02VUH

Policy No. : P2400514

Make / Model : SKODA OCTAVIA AMBITION

D.O.A : 21/10/2020 18:30

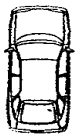
Place of Accident : TPE TOWARDS SLE (AT TAMPINES FLYOVER)

Nature of Accident :

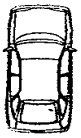
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

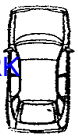
SMU 2261K → SJR 8162A → SMT 7063M →



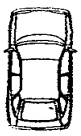
INSRS:
WSP:
Tel :
Liability :
RMKS: OI



INSRS:
WSP: VISION AUTOWORK
Tel :
Liability :
RMKS: TP



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJR 8162A - 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)		
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: REPAIR LIMIT S$ 14,800.00 (16 days) Reduction: $29,372.85 % 66 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 09/03/2021 Confirm with MICHELLE Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 28	If NO or B 28, Ass. Lia : 100%
Repair Cost:	S$ $15,836.00 W/GST	
Loss of Rental (LOR):	S$ 1,000.00 (10 days) x $100.00	C.C (OI LAST)
Loss of Use (LOU):	S$ 200.00 ($ 50 x 4 days)	
Loss of Income (LOI):	S$ ($ x days)	
LOR only ☐ LOU only ☐ LOR + LOU ☑ LOR + LOI ☐ [**Tick only one**]		
GIA/LTA Search	S$ 50.45	
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: $350.00
Total:	**S$** 17,086.45 **Global Sum S$:** 16,100.00 (AXA'S INSTRUCTION)	

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

Payee 1:	S$ 16,100.00	Name 1:	VISION AUTOWORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	