

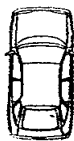
INS. CASE OWNER:

ASSIGNMENT

CC4/ASM21002575/Apa3

Surveyor: AdrianDOI: 11-Mar-2021Date / Time : 24/02/2021

Registered in Merimen: _____

Pre-assign / CCU / FTEInsured Vehicle No. : SMV 5528SClaim No. : S1M033S4Name of Insured : HONG SEH MOTORS PTE LTDPolicy No. : P2423040

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II :S\$ _____ D.O.A : 22.02.2021 18:30

Place of Accident : _____

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

If NO, Driver Name / Age :

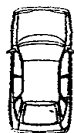
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. :

(V/L: YES / NO)

Insured Liability : %

Final ? Yes / No

SKQ 78GINSRS:
WSP: SmartOne
Tel : Auto Pte. Ltd.
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	SKQ 78G - X	SMV 5528S - X	STAGE	DATE / PIC
			Non-Reporting ltr (1st):	
			Non-Reporting ltr (2nd):	
			Non-Reporting ltr (Final):	
			Notification ltr (if non-pickup):	
30/11/2021	Pls refer to VIEWS for details.		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:	☐
PRELIMINARY ADVICE Date/Time: _____ Sent By: _____			Post-Repair Photos:	☐
			Others:	☐
FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____				
Repair Cost: <u>L/sum</u>	S\$ <u>5,400.00</u>	(<u>3</u> days) Reduction: <u>70</u> %	Email ☐	Call ☐
FINAL SETTLEMENT Date/Time: <u>30/11/2021</u> Confirm with: <u>Michelle</u>			Email ☒	Call ☐
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>23</u>	If NO or B 28, Ass. Lia :	
Repair Cost:	S\$ <u>5,300.00</u>	(As per AXA Mandate)		
Loss of Rental (LOR):	S\$ _____	(_____ days)		
Loss of Use (LOU):	S\$ <u>300.00</u>	(\$ <u>100</u> x <u>3</u> days)		
Loss of Income (LOI):	S\$ _____	(\$ _____ x _____ days)		
LOR only ☐	LOU only ☒	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S\$ <u>7.45</u>			
Medical:	S\$ _____		1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ _____	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>	
Legal Cost	S\$ _____		3) Survey fee: <u>\$350.00</u>	
Total:	S\$ <u>5,607.45</u>	Global Sum S\$: <u>5,600.00</u>		
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☒ Call ☐				
Payee 1:	S\$ <u>5,600.00</u>	Name 1: <u>SmartOne Auto Pte. Ltd.</u>		
Payee 2: (Strike if N.A.)	S\$ _____	Name 2: _____		
Payee 3: (Strike if N.A.)	S\$ _____	Name 3: _____		