15/5/2010

INS. CASE OWNER: CC4/ASM21002676/Uga3

LKK:

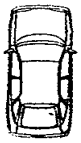
IDAC: 200319

ASSIGNMENT

Surveyor: MARCUS DOI: 01/03/2021 Date / Time : 26/02/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SJB 5349H Claim No. : S1M0340D

Name of Insured : Policy No. : GA010508

Insured Tel No. : HP: Make / Model :

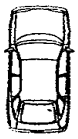
Excess Sec II :S$ D.O.A : 21.12.2020 18:00 Place of Accident : FRANKEL AVENUE

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

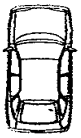
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

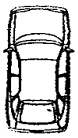
FBN 92L → → →



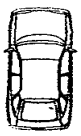
INSRS:
WSP:
Tel :
Liability : EROFIA MOTOR
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		
	FBN 92L - X	**STAGE** **DATE / PIC**
	SJB 5349H - CS/AXA13016609/Gtcd1 ; 12/04/2013	Non-Reporting ltr (1st):
	NA/INC18008240/k4 ; 05/05/2018	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:
PRELIMINARY ADVICE	Date/Time: Sent By:	Post-Repair Photos:
		Others:

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: L/S	S$ $2,500.00 (4 days)	Reduction: $8,074.10 % 76	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time: 14/09/2021	Confirm with LEELEE	Email ☑ Call ☐
Final Liability:	% 80 (Agreed / Assessed)	BOLA S/N No. : 13b	If NO or B 28, Ass. Lia :
Repair Cost: 2,500.00	S$ 2,000.00		
Loss of Rental (LOR):	S$ (days)		* TP PIR - OI WAS GIVEN WARNING *
Loss of Use (LOU): 100.00	S$ 80.00 ($ 20 x 5 days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☑	LOR + LOU ☐ LOR + LOI ☐	[**Tick only one**]	LIABILITY: 80% (AXA INSTRUCTION)
GIA/LTA Search	S$		
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: $350.00
Total:	**S$** 2,080.00	**Global Sum S$:** 2,100.00 (AXA'S INSTRUCTION)	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☑ Call ☐
Payee 1:	S$ 2,100.00	Name 1:	EROFIA MOTOR TRADING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	