15/5/2010

INS. CASE OWNER:

CC4/ASM21004110/Gga3

LKK:

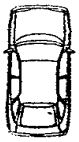
IDAC:

ASSIGNMENT

Surveyor: XGQ DOI: 26/04/2021 Date / Time : 30/03/2021

Registered in Merimen: —

Pre-assign / CCU / FTE



Insured Vehicle No. : SHB 3214A Claim No. : S1M036PE

Name of Insured : CITYCAB PTE LTD Policy No. : VFX/P2419140

Insured Tel No. : HP: Make / Model :

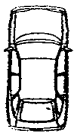
Excess Sec II :S$ D.O.A : 27/03/2021 Place of Accident :

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

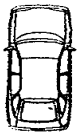
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

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

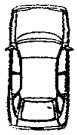
SLF 2970M → → →



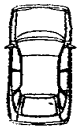
INSRS:
WSP: TEAMWORK
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SLF 2970M : SHB 3214A : ~~NA/LIP21004075/h4 ; DOA : 27/03/2021~~
13/04/2022	UNABLE TO REACH DS AS TP DISAGREE WITH SURVEYOR COR. AXA INSTRUCT TO SUBMIT WP. ADMIN TO CLOSE

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: L/S S$ 2200.00 (5 days) Reduction: $6,492.91 % 73 Email [ ] Call [ ]

FINAL SETTLEMENT	Date/Time:	Confirm with	Email [ ] Cal [ ]
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$	(days)	
Loss of Use (LOU):	S$	($ x days)	
Loss of Income (LOI):	S$	($ x days)	
LOR only [ ] LOU only [ ]	LOR + LOU [ ]	LOR + LO [ ] [**Tick only one**]	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format: WP
Legal Cost	S$		3) Survey fee: $250.00
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email [ ] Cal [ ]
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	